2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015632

1. Entity Name

Son-Mark of Polk County, Inc.

FILED
May 24, 2000 8:00 am
Secretary of State
05-24-2000 90154 014 ***150.00

Principal Place of Business	Mailing Address
114 Avenue E. N.W. Winter Haven, FL 33881-4156	P.O. Box 93313 Lakeland, FL 33804

[redacted]

2. Principal Place of Business	3. Mailing Address
114 Avenue E. N.W.	P.O. Box 93313
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Haven, FL	City & State: Lakeland, FL
Zip: 33881-4156 Country	Zip: 33804 Country

4. FEI Number: 31-1635775

5. $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Kim Sides 8637 North Road 33 Lakeland, Florida 33809	Name: Eduardo F. Morrell Street Address: 500 South Florida Avenue, Suite 210 City: Lakeland FL 33801-5252

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Eduardo F. Morrell 4-28-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See instruction on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. $5.00

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. F. Mark Goodwin, M.D. F. Mark Goodwin, M.D. 1619 Seneca Avenue Lakeland, FL 33801 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD F. Mark Goodwin, M.D. P.O. Box 93313 Lakeland, FL 33804
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ronnie C. Sides, II 8637 North Road 33 Lakeland, FL 33801 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: F. Mark Goodwin, Pres. Secty, Treas 4-28-00 863/299-1578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR