2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

May 23, 2000 8:00 am Secretary of State DOCUMENT # P99000031041 ALL FLORIDA SUNCARE, INC. 04-28-2000 90016 049 ***150.00 Mailing Address Principal Place of Business .II W. OAK STREET, STE. A 1400 W. OAK STREET, STE. A KISS!MMEE FL 34741-4000 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable ZID Country \$8.75 Additional Ziρ \Box 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent-6.-Name and Address of Current Registered Agent Name WAKEFIELD, S. CRAIG Street Address (P 36 W. ILLIANA ST. ORLANDO FL 32806 City s statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity sulfmits th SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of register FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. President Addition CR2E034 (9/99) ☐ Change TITLE TITLE Delete NAME H.Cla~ NAME STREET ADDRESS 1819 Osma STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -- [::] Change -- [::] 'Addition' Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Dalete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 epigowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like approvered. changed, or on an attachment with an add