2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P99000042469** Jan 13, 2000 8:00 am Secretary of State 1. Entity Name ACCESS PHYSICIANS CLINIC, INC. 01-13-2000 90023 023 ***150.00 Mailing Address Principal Place of Business 6371 PRESIDENTIAL COURT STE. 2 6371 PRESIDENTIAL COURT STE. 2 FORT MYERS FL 33919-3544 FORT MYERS FL 33919 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 65-0919953 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USI Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name KELLENBERGER, JOHN H SR. 6371 PRESIDENTIAL COURT STE. 2 FORT MYERS FL 33919 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE gnetro Parknoy, smite 5 KELLENBERGER, JOHN H SR. NAME NAME STREET ADDRESS STREET ADDRESS 6371 PRESIDENTIAL COURT STE. 2 CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33919 ☐ Delete TITLE TITLE KELLENBERGER, KATHLEEN J NAME NAME 14925 MAHOE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33919 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete DITE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE

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 in Block 11 or Block 12 if changed, or on an attachment with an address, with planer like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP ...

AIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRECTOR

1-6-9000

941-489-4100

Daytime Phone #