2000 UNIFORM BUSINESS REPORT\(UBR) FILED May 24, 2000 8:00 am Secretary of State 90000 46834 DOCUMENT# 1. Entity Name GRANT L WARNICK, CRNA, INC. 05-24-2000 90093 010 ***150.00 Principal Place of Business Mailing Address 2935 S. CIRCLE PT. A0065068 INVERNESS, FL 2. Principal Place of Business 3. Mailing Address same as above same as above Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3585654 City & State Applied For City & State Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) R. WESLEY BRADSHAW 209 COURT HOUSE SQUARE INVERNESS, FLZip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. WARNICK PRES GRANT L. WARNICK ☐ Change ☐ Addition Delete TITLE NAME NAME 2935 S. CIRCLE PT STREET ADDRESS STREET ADDRESS 34450 NVERNESS, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition BOARD OF DIRECTORS NAME DENISE D. WARNICK STREET ADDRESS STREET ADDRESS 2935 S. CIRCLE PT. CITY-ST-ZIP CITY-ST-ZIF INVERNESS, FL Addition TITLE ☐ Change TITLE NAME MALIC STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP~ ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oelete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete ☐ Change TITLE TITLE ☐ Addition 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 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 All other like empowered

SIGNATURE:

SIGNATURE AND TO DE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR