Apr 18, 2000 8:00 am Secretary of State DOCUMENT # P99000053422 JUAN A. ESCOBALES, M.D., P.A. 01-19-2000 90139 027 ***150.00 Principal Place of Business Mailing Address 2815 FIRST AVE N 2815 FIRST AVE N ST PETERSBURG FL 33713 ST PETERSBURG FL 33713-8603 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite. Apt. #, etc. City & State City & State 4. FEI Number Applied For 45-0926505 Not Applicable Country SA Zip Country \$8.75 Additional 5. Certificate of Status Desired US A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent M.D, P, A. ESCOBALES, JUAN A Street Address (P.O. Box Number is Not Acceptable) 2815 FIRST AVE N ST PETERSBURG FL 33713 City Zip Code 8. The above named entity submit this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE registered agent and tale if applicable (NOTE: Registered Agent signature required when reinstating) 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 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (66/6) TITLE Delete TITLE Addition NAME NAME CR2E034 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE . 🗆 Delete 🖚 ~ Addition NAME NAME STREET ADDRESS STREET ADDRESS CCTY-ST-ZIP CITY-ST-ZIP Defete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-212 CITY-ST-7IP TITLE Delete Change TITLE Addition NAME NAME STREET ADDRESS 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 impowered 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 attaching it with an address, with all other like empowered. / 1_10_00 / SIGNATURE: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR