2001 UNIFORM BUSINESS REPO	RT (UBR)		P91082
DOCUMENT # P9900054429		FILED	, .
GAYLE L. DEMES D.O., PhD.		01 DEC 20 AM 11: 35	
Principal Place of Business Mailing Address			
3708 N. ROOSEVEIT BLUD.		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Key West, FL 33040		IALLA(II WOOD	
•		A PR	
2. Principal Place of Business 4 AYLE L DEMES DO. Ph 3. Mailing Address Suite, Apt. #, etc. 3. Mailing Address 3. Mailing Address Suite, Apt. #, etc.	Sevelt Blui	200 PT WRITE BA	R
City & State Key West , FL Key west	H	4. FEI Number 650 928233	Applied For Not Applicable
Zip Country - Zip	Country	5 Certificate of Status Desired 38.	75 Additional
33040 MONAOL 3304 6. Name and Address of Current Registered Agent	U-S-A-	7. Name and Address of New Registered Agen	Required t
	Name	7	
and the second s	Street Addres	ss'(P.O.:Box:Number:is-Not:Acceptable)	
611 EATON STREET			
Key West, FL 33040 City		FL ²	Zip Code
8. The above named entity authors this statement for the purpose of changing its re-	egistered office or regis	stered agent, or both, in the State of Florida.	
SIGNATURE Signature. (NOTE: I	Registered Agent signature requ	uired when reinstating)	201
	FEE IS \$150.00 I Fee will be \$550.0 to Department of S	i ildeli dile contineetti.	\$5.00 May Be Added to Fees
11. OFFICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIR	
TITLE P= GAYLE L. DEMES Delete	TITLE		Change
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CITY-ST-ZIP SUMMERIAND Key IFL 33042	CITY-ST-ZIP		Change
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STREET ADDRESS 182 VENETIAN DALVE	STREET ADDRESS CITY-ST-ZIP		****150.00
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Increase description in the minimation supplied with this mining does not quality for the exemption stated in Section 1.19.07(3)(i), Florida Statutes. Further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee expowered 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 attacks, with all other tipe empowered.

SIGNATURE:

SIGNATURE AND TYPED/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B 20 F 2

GAYLE L. DEMES, D.O., Ph.D. 3708 North Roosevelt Blvd. Key West, FL 33040 (305)295-9889

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Dear Sirs:

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Today I received my first notice in the mail from you regarding my corporation this year. The notice stated that I received correspondance from you in June regarding keeping my corporation in active status. Unfortunately I did not receive any correspondance from you this year. I am very diligent about responding and paying all of my bills in a very timely manner. Had I received a notice I would have responded. Please accept my check enclosed for my corporation to remain active at this time since I am putting it in the mail upon my receipt. Thank you for your assistance in this matter.

Sincerely,

Gayle L. Demes, D.O., P.A.

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