FILED
Mar 31, 2002 8:00 am
Secretary of State
03-31-2002 90354 045 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058244

1. Entity Name
National Ambulatory Hernia Institute East, Inc.

DO NOT WRITE IN THIS SPACE

B0053954

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2. Principal Place of Business
5757 Booth Road, Suite 100
Suite, Apt. #, etc.
City & State: Jacksonville, FL
Zip: 32207
Country:

3. Mailing Address
Suite, Apt. #, etc.
City & State:
Zip:
Country:

4. FEI Number: 59-3585850 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Kathleen Holbrook Cold
Street Address (P.O. Box Number is Not Acceptable): One Independent Drive, Suite 2301
City: Jacksonville FL Zip Code: 32202

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: Kathleen H Cold — Kathleen Holbrook Cold, Attorney
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee Is $150.00
After May 1 Fee Is $550.00
Amended UBR Is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
D, P, S Kenneth Hagan 5757 Booth Road, Suite 100 Jacksonville, FL 32207	

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CR2EO34B (12/01)

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 on an attachment with an address with all other like empowered.

SIGNATURE: Kenneth Hagan — Kenneth Hagan, President — 3/14/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #