FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90056 043 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058244

1. Entity Name

National Hernia Network, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5757 Booth Rd.	5757 Booth Rd.
Suite, Apt. #, etc. Bldg 100	Suite, Apt. #, etc. Bldg 100
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32207 Country USA	Zip 32207 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3585850 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Cathy Cold

Street Address (P.O. Box Number is Not Acceptable) Holbrook, Akel, Cold, Stiefel + Ray, PA.

One Independent Dr., Ste. 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 _____

Signature(s) and printed name of registered agent and title if applicable. (NOTE: An agent's signature is required when changing agent.) 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	President
NAME	Kenneth D. Hagan, M.D.
STREET ADDRESS	5757 Booth Rd. Bldg 100
CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	Vice President
NAME	Cathryn A. Hagan
STREET ADDRESS	5757 Booth Rd Bldg 100
CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (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 D. Hagan 3/24/03 (800) 618-2466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #