2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 12, 2001 8:00 am Secretary of State 01-12-2001 90048 046 ***150.00 DOCUMENT # P99000061174 DEBRA TODD BLACK, D.O., P.A. Principal Place of Business Mailing Address 16339 SOUTH TAMIAMI TRAIL 16339 SOUTH TAMIAMI TRAIL FORT MYERS FL 33908 FORT MYERS FL 33908 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0932857 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLACK, DEBRA TODD D.O. Street Address (P.O. Box Number is Not Acceptable) 16339 SOUTH TAMIAMI TRAIL FORT MYERS FL 33908 Zip Code City 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 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Addition ☐ Change ☐ Delete BLACK, DEBRA TODD D.O. NAME NAME STREET ADDRESS 16339 SOUTH TAMIAMI TRAIL STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33908 CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: