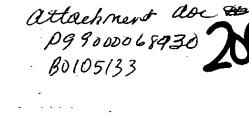
## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P 99000068 930 Sep 07, 2000 8:00 am Secretary of State Blanca Luna, m.D., P.A. 09-07-2000 90004 018 \*\*\*150.00 929 N. Spring Garden Avenue, Ste. 170 Deland FL 32720 B0105133 2. Principal Place of Business OS 96000 3. Mailing Address 93 960UR DO NOT WRITE IN THIS SPACE City & State 4. FEI Number ✓ Applied For 59-35895/0 Not Applicable Country -VOLUSI 9 Zip Country \$8.75-Additional -5.-Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Blanca Lung, MD.PA. 929 N. Spring Garden Ave., Ste. 170 Deland FL 32720 Name Street Address (P.O. Box Number is Not Acceptable) Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing Trust Fund Contribution. \$5.00 May Be -After MAY 1, 2000 Fee will be \$550.00 . Tax filing-requirement and elects to do so-Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (66/6) Change ☐ Addition PRESident TITLE Blanca Luna, M.D. PA 929 N Spring Garden Ave, Ste. 170 Deland FL 32720 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.

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

8/23/00 904-138-3896

Date Daylime Phone #





July 31, 2000

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

RE: Blanca Luna, M.D., P.A. F.E.I. #: 59-3589510

To Whom It May Concern:

We recently received a Second Notice to file our 2000 Uniform Business Report, which now includes the \$400 late-filing fee. While we will promptly pay the \$150, we request abatement of the extra \$400. Blanca Luna, M.D., P.A. did not begin business as a medical practice corporation until January 1, 2000. In addition, we never received a First Notice to file a 2000 Uniform Business Report. Therefore, we request that the \$400 fee be removed.

Thank you for your consideration.

Sincerely,

Jeff Wilson Accountant