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2001 UNIFORM BUSINESS REPORT (UBR)

Mar 29, 2001 8:00 am DOCUMENT # **P99000076409 Secretary of State** KEITH THOMPSON, M.D., P.A. 03-29-2001 90398 039 ***150.00 Principal Place of Business Mailing Address 2344 BEE RIDGE RD. SUITE 104 2344 BEE RIDGE RD. SUITE 104 SARASOTA FL 34239 SARASOTA FL 34239 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0943647 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6: Name and Address of Current Registered Agent ROCK, R ANDREW Street Address (P.O. Box Number is Not Acceptable) C/O BUCHANAN INGERSOLL, P.C. 401 E JACKSON ST, SUITE 2500 **TAMPA FL 33602** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE ☐ Delete Change THOMPSON, KEITH NAME NAME 2344 BEE RIDGE RD, SUITE 104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34239 CITY-ST-7IP Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 a other like empowered.

CITY-ST-ZIP

SIGNATURE: Leith thompson, M.

Jan 08, 2001 941-946.7874