2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 29, 2000 8:00 am Secretary of State DOCUMENT # **P99000077288** 1. Entity Name FREDERICK T. FEASTER, M.D., INC. 03-29-2000 90051 001 ***150.00 Principal Place of Business Mailing Address 1717 73RD CIRCLE NE 1717 73RQ CIRCLE NE ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702-4755 3. Mailing Address 2. Principal Place of Business 2950 Cen DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc トほと 4. FEI Number Applied For 19144190-00 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FEASTER, FREDERICK T Street Address (P.O. Box Number is Not Acceptable) 1717 73RD CIRCLE NE ST. PETERS NAG FL 33702 -137 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE D ☐ Delete TITLE Addition NAME FEASTER, FREDERICK T NAME 6950 CENTRAL AVE. 4-130 STREET ADDRESS STREET ADDRESS 1717 KIRD-CIRCLE NE CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33702 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Detete TITLES ☐ Change ☐ 'Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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: