2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jun 04, 2001 8:00 am Secretary of State DOCUMENT # P99000084061 06-04-2001 90009 033 ***150.00 GOLD CROSS MEDICAL GROUP, INC. Principal Place of Business Mailing Address 292 E. CONSTANCE DRIVE POST OFFICE BOX 246 661145 DEBARY FL 32713 DEBARY FL 32713 Mailing Address 2. Principal Place of Business 530219 Box DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 22-3681411 City & State City & State Not Applicable EBAR Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired ব Fee Required 7. Name and Address of New Registered Agent - 6. Name and Address of Current Registered Agent NEWLAND, CHARLES A Street Address (P.O. Box Number is Not Acceptable) 292 E. CONSTANCE DRIVE DEBARY FL 32713 Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOT Reg stered Agent's (nature 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 After MAY 1, 2()1 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payal le to Department of State σ (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition Change ☐ Delete TITLE TITLE NEWLAND, CHARLES A NAME NAME 292 E CONSTANCE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEBARY FL 32713 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NÉWLAND, JANET M NAME 242 E CONSTANCE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEBARY FL 32713 CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST-ZIP Change ☐ Addition ☐ 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-7IP 13. Thereby 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 it y 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 is 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

JANET NEWLAND 5.15-BI

FILED

DOC# P9900084061

Gold Cross Medical Group, Inc. P.O. Box 530219

DeBary, Florida 32753-0219

Specializing in group and individual health and life insurance

Telephone: 407-668-7049 e-mail: goldcross@mpinet.net

FAX: 407-668-2084

Toll Free: 800-676-5383

May 15, 2001

Florida Department of State Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed please find a check and the complete I 2001 Uniform Business Report.

We respectfully resquest that the filing fees for late filing be waived. At the time I had planned to file this report (mid-April), I was unexpectedly hospitalized for 7 days with internal bleeding. After a period of recuperation (3 weeks), it was already past the deadline for the filing. I would be happy to forward to you any doctor records that you may need to verify my illness.

I would appreciate you thoughtful consideration in the waiver of these penalties as I was not aware of the consequences until I had a meeting with my accountant and he explained the necessity of filing this annual report.

Thank you very much,

Charles Newland

Gold Cross Medical Group, Inc.

Encl.

jmn