2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000087857

1. Entity Name



FILED Mar 24, 2003 8:00 am Secretary of State

STUART K. HARRELL, O.D., P.A.					03-24-2003 90211 014 130.00				
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City & State			City & State			4. FEI Number 50-36/M082 Applied For			
Country	Zip Count			try				\$8.75 Ad	lot Applicable Iditional
e and Address of Current	Registere	d Agent			<u>L</u> .		_		ed
				Name			· · · · · · · · · · · · · · · · · · ·	ou Agent	
HARRELL, STUART K 3014 FOREST CLUB DR			Street Address			x Number is Not Accept	table)		
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			ŀ	City				Zip Coc	de
ity submits this statement fo	r the purpo	se of changing its r	egistere	d office or register	ed ager	nt, or both, in the State of	of Florida. 1	am familiar with,	and accept
acred agent.									
d or printed name of registered agent	and title if applic	cable. (NOTE:	Registered	Agent signature required	when reins	stating)	DA	TE	
03 Fee will be \$550.00	State							\$5.0 Added	00 May Be
OFFICERS AND	DIRECTOR	S	11.		ADD	ITIONS/CHANGES TO	OFFICERS A	ND DIRECTOR	S IN 11
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	Country The and Address of Current K B DR 66 The statement of the sta	Siness 3. Mai Suite City Country Zip Re and Address of Current Registere K 3 DR 66 ity submits this statement for the purpostered agent. d or printed name of registered agent and title if application of the purpostered agent. It! FEE IS \$150.00 O3 Fee will be \$550.00 o Florida Department of State OFFICERS AND DIRECTOR STUART K REST DRIVE TY FL 33566	Mailing Address 3014 FOREST CLUB DRIV PLANT CITY FL 33566 Siness 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip No and Address of Current Registered Agent K 3 DR 66 Sity submits this statement for the purpose of changing its state agent. (NOTE: 11 FEE IS \$150.00 103 Fee will be \$550.00 10 Forida Department of State OFFICERS AND DIRECTORS STUART K LEST DRIVE TY FL 33566 Delete Delete Delete Delete	Address 3014 FOREST CLUB DRIVE PLANT CITY FL 33566 Siness 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country Address of Current Registered Agent K B DR 66 d or printed name of registered agent and site if applicable. (NOTE: Registered III FEE IS \$150.00 03 Fee will be \$550.00 0 Florida Department of State OFFICERS AND DIRECTORS STUART K EST DRIVE TY FL 33566 Delete TITLE NAME STREET CITY-S Delete	Mailing Address 3014 FOREST CLUB DRIVE PLANT CITY FL 33566 Siness 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Country Alarme K 3 DR 66 City Street Address of Current Registered Agent Name Address of Current Registered Agent Name Street Address of City Alarme City Worte: Registered office or register of or printed name of registered agent and site of appricable. (NOTE: Registered Agent signature required TITE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete	Mailing Address 3014 FOREST CIUB DRIVE PLANT CITY FL 33566 Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country Street Address of Current Registered Agent Name Street Address (P.O. Bo BB BB City Street Address (P.O. Bo BB	Mailing Address 3014 FOREST CLUB DRIVE PLANT CITY FL 33568 Suite, Apt. #, etc. CHECK H City & State Country Country S. Certificate of Status Desir Let and Address of Current Registered Agent Name	Making Address 2014 FOREST CLUB DRIVE PLANT CITY FL 33568 Eineas 3. Mailing Address Suite, Apt. #, etc. City & State City & State City & State City & State Country Zp Country 5. Certificate of Status Desired Name Name Name Street Address of New Register R B B B B B B City It submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. It is statement of State of Florida. It is statement of State of Florida. It is statement of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS A STREET ADDRESS CITY-ST-2P IT ILE NAME STREET ADDRESS CITY-ST-2P	Melaing Address 3/14 FOREST CLUB DRIVE PLANT CITY FL 33566 Suite, Apr. 9, etc. CHECK HERE IF MAKING CHANGE: City & State 4. FEI Number 59-3604082 A FEI Number 59-36040

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

863-409-8844