2002 UNIFORM BUSINESS REPORT (UBR) P99000093679 DOCUMENT # FILED 1. Entity Name SUSSEX MEDICAL CORPORATION 02 SEP 10 PM 4: 23 Principal Place of Business SECRETARY OF STATE Mailing Address TALLAHASSEE, FLORIDA 300 E. PARK AVE. 300 E. PARK AVE. TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3606075 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent L Bateman F & L CORP. O Box Number is Not Acceptable) 200 LAURA ST. JACKSONVILLE FL 32302 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed no ed agent and title if applicable. . (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its FILE NOW!!! FEE IS \$550.00 tangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition 500008017665--9 -09/25/02--01051--022 BATEMAN, FREDERICK L JR. NAME NAME 300 EAST PARK AVENUE STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32301 CITY-ST-ZIP CITY-ST-7IP ****150.00 ****150.00 TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME 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 Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 employee 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

SIGNATURE:

850-272-1020

SUSSEX MEDICAL CORP.

300 E. Park Avenue P. O. Box 1454 Tallahassee, FL 32302

Telephone: (850) 222-6100

Facsimile: (850) 561-6475

September 9, 2002

Division of Corporations
-Uniform Business Report Filings
Post Office Box 1500
Tallahassee, FL 32302-1500

Re: 2002 Uniform Business Report for Sussex Medical Corp.

FEI No. 59-3606075

Ladies and Gentlemen:

Enclosed please find our check in the amount of \$150.00 to file our 2002 Uniform Business Report. This corporation did not receive the original notice of filing. Therefore, as per the instructions received with our notice of filing, we ask that the \$400 late fee be waived.

Sincerely

Frederick L. Bateman, Jr.