2001 UNIFORM BUSINESS REPORT (UBR) Apr 10, 2001 8:00 am Secretary of State **DOCUMENT # \$14816** 1. Entity Name BAYONET POINT PROFESSIONAL CENTER, INC. 04-10-2001 90024 044 ***150.00 Principal Place of Business Mailing Address 3000 GULF TO BAY BLVD., 6TH FLOOR 3000 GULF TO BAY BLVD., 6TH FLOOR CLEARWATER FL 33759 CLEARWATER FL 33759 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3043281 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILDER, MAURICE. F Street Address (P.O. Box Number is Not Acceptable) 3000 GULF TO BAY BLVD, 6 FL CLEARWATER FL 33759 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** Signature, typed or printed name of registered agent and title if applicable. (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. ☐ Addition PDT ☐ Delete TITLE WILDER, MAURICE, F NAME NAME STREET ADDRESS STREET ADDRESS 3000 GULF TO BAY BLVD, 6 FL CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL Change | ☐ Addition VŊ ☐ Delete TITLE NAME WILDER, COLBY M NAME STREET ADDRESS 3000 GULF TO BAY BLVD, 6 FL STREET ADDRESS CITY-ST-ZIP CITY_ST-ZIP CLEARWATER.FL Change ☐ Addition ☐ Defete TITLE TITLE NAME CAROTENUTO, MARY NAME STREET ADDRESS 3000 GULF TO BAY BLVD STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33759** CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE

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 efficient this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if er or trustee w**i**th an addr changed, or on an attachme mpowered.

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TIMTED NAME OF SIGNING DED GER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition