2000 UNIFORM BUSINESS REPORT (UBR) \mathtt{FILED} DOCUMENT # V31419 May 05, 2000 8:00 am Secretary of State 1. Entity Name SHAWN M. SLATTERY, O.D., P.A. 05-05-2000 90043 006 ***150.00 Principal Place of Business Mailing Address 21 BLUEBELL AVENUE 3715 TAMIAMI TRAIL, EAST NAPLES FL 34112 NAPLES FL 34108-1756 U\$ 3. Mailing Address 2. Principal Place of Business 21 BLUEBI LL ANE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 804 City & State 4. FEI Number. Applied For City & State 65-0327148 NAMES 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 KOLODY, STEPHEN G. Street Address (P.O. Box Number is Not Acceptable) 2000 MAIN ST. SUITE 500 FORT MYERS FL 33901 Zip Code FI 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. (NOTE. Registered Agent signature required when reinstating) DATE 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, 2000 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 12. OFFICERS AND DIRECTORS 11. Change Addition TITLE ☐ Delete TITLE SLATTERY, SHAWN M. NAME NAME 21 BLUEBILL AVENUE, #804 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34108 TITLE ☐ 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-ZIP Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE

13. I hereby 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 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 maddress, with all other like empowered.

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIF

SIGNATURE:

NAME

TITLE NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

City-St-ZiP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4-23.00

(941) 774-3937

☐ Change

☐ Addition

Daytime Phone