_2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # **V48676** 1. Entity Name IV-M OF WINTER PARK, INC. 04-24-2001 90338 025 ***150 00 Principal Place of Business Mailing Address 254 DRIGGS DRIVE PO BOX 4249 WINTER PARK FL 32793 WINTER PARK FL 32792 US 2. Principal Place of Business
ONE PURLIEU PLACE 3. Mailing Address P.O.BOX 4249 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SUITE # ef 30 Applied For City & State City & State 4. FEI Number 59-3136710 Not Applicable WINTER PARK, FL WINTER PARK, FL \$8.75 Additional ^{Zip} 32793 Country USA 5. Certificate of Status Desired 32793 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **B&C CORP SERV CENTRAL FL.INC** Street Address (P.O. Box Number is Not Acceptable) 390 N. ORANGE AVENUE **SUITE 1100** ORLANDO FL 32801 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. Added to Fees Trust Fund Contribution. (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 TITLE Delete TITLE S NAME MASON, BETTY NAME LADHA, SHERMIN STREET ADDRESS STREET ADDRESS 254 DRIGGS DRIVE P.O.BOX 4249 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32793 WINTER PARK, FL 32793 Change ☐ Addition TITLE ☐ Delete TITLE NAME BRYAN, JAMES B III NAME BRYAN III, JAMES B. STREET ADDRESS STREET ADDRESS P.O.BOX 4249 254 DRIGGS DR. CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL WINTER-PARK, FL--32-793 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME SCHMIDT, CHERYL SCHMIDT, CHERYL STREET ADORESS STREET ADDRESS 254 DRIGGS DR P.O.BOX 4249 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 WINTER PARK, FL -32793 X∆ddition Delete TITLE TITLE NAME CARROL.PATTI NAME STREET ADDRESS STREET ADDRESS P.O.BOX 4249 WINTER PARK, FL 32793 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ten 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 demonstral 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 er or tlustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the informati indicated on this eport or supp of the corporation or recei changed, or on an attachi address, with all other

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT