${f ED}$ 000 **8:**00 am of State 8 001 ***300.00 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3144689 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Zip Code 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. DATE (NOTE: Registered Agent signature required when reinstating) 10. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition ☐ Addition ☐ Change

2000 UNIFORM BUSINESS REPORT (UBR)			FIL May 06, 20 Secretary
DOCUMENT # V61459 1. Entity Name CALUSA FINANCIAL-MEDICAL, INC.			
Principal Place of Business	Mailing Address		05-06-2000 9008
2100 S STATE COLLEGE BLVD ANANHEIM CA 92806 US	2100 S STATE COLLEGE BLVD ANANHEIM CA 92806-6118 US) - 1011 10	er en

3. Mailing Address

Suite, Apt. #, etc.

City & State

CE₀ ☐ Delete TITLE TITLE FIELD, SID NAME NAME 2100 S STATE COLLEGE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ANANHEIM CA 92806 ☐ Delete TITLE TITLE EDWARDS, LAWRENCE NAME NAME STREET ADDRESS STREET ADDRESS 2100 S STATE COLLEGE BLVD CITY-ST-ZIP CITY-ST-ZIP ANANHEIM CA 92806 . ★ Addition 🛛 Delete 💷 Secretary ☐ Change TITLE TITLE Lampariello, Joseph J. MAC DONALD, ROBERT NAME NAME STREET ADDRESS 2100 S STATE COLLEGE BLVD STREET ADDRESS 2100 S. State College Blvd. CITY-ST-ZIP CITY-ST-ZIP **ANANHEIM CA 92806** Anaheim, CA 92806 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

12.

Name

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 an address, with all other like empowered.

SIGNATURE:

1周第二十分(1975)

2. Principal Place of Business

THOMAS C. LITTLE

SUITE 4

(See criteria on back)

2123 NE COACHMAN ROAD

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

CLEARWATER FL 34625

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR