2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2015
Secretary of State
CC2847074044

DOCUMENT# P99000005900

Entity Name: VENUS PROPERTIES, INC.

Current Principal Place of Business:

3635 S CLYDE MORRIS BLVD
SUITE 500
PORT ORANGE, FL 32129

Current Mailing Address:

3635 S CLYDE MORRIS BLVD
SUITE 500
PORT ORANGE, FL 32129

FEI Number: 59-3569499

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AGNONE, LOUIS M
3635 S CLYDE MORRIS BLVD
SUITE 500
PORT ORANGE, FL 32129 US

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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	D	Title	D
Name	STELLA, GREGORY J	Name	AGNONE, LOUIS M
Address	3635 S CLYDE MORRIS BLVD/ STE 500	Address	3635 S CLYDE MORRIS BLVD/ STE 500
City-State-Zip:	PORT ORANGE FL 32129	City-State-Zip:	PORT ORANGE FL 32129
Title	D	Title	D
Name	MOULIS, HARRY	Name	RICCI, DONATO R
Address	3635 S CLYDE MORRIS BLVD/ STE 500	Address	3635 S CLYDE MORRIS BLVD/ STE 500
City-State-Zip:	PORT ORANGE FL 32129	City-State-Zip:	PORT ORANGE FL 32129
Title	D	Title	D
Name	SLADE, LAWRENCE	Name	GAINES, RICHARD
Address	2894 MALIBU COURT	Address	1110 JOHN ANDERSON DR
City-State-Zip:	DAYTONA BEACH FL 32128	City-State-Zip:	ORMOND BEACH FL 32176

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LOUIS M. AGNONE MEDICAL DIRECTOR 02/23/2015

Electronic Signature of Signing Officer/Director Detail — Date