2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 29, 2000 8:00 am Secretary of State **DOCUMENT # G72737** 1. Entity Name JOSHI & VIRALAM, M.D.S, P.A. 03-29-2000 90043 041 ***150.00 Principal Place of Business Mailing Address C/O PEDIATRIX TAX DEPT. 1300 N FLAGLER DR 1455 NORTHPARK DRIVE SUITE 229 WEST PALM BEACH FL 33401 FT. LAUDERDALE FL 33326-3215 US HS 3. Mailing Address 2. Principal Place of Business 1301 CONCORD TERR Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2161564 FL Not Applicable SUNRISE Country ひらみ \$8.75 Additional Zip 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 JORDAN, BRUCE A Street Address (P.O. Box Number is Not Acceptable) 1455 NORTH PARK DRIVE 1301 CONCORD TERR FT LAUDERDALE FL 33326 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent title if applicable 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 OFFICERS AND DIRECTORS 12. 11. Change **Addition** TITLE De'ete TITLE KARL WAGNER MURKIN, LARRY NAME NAME 1301 CONCORD TERR STREET ADDRESS 1455 NORTH PARK DRIVE STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33326 CITY-ST-ZIP UNRISE TITLE Change ☐ Addition TITLE De ete JORDAN, BRUCE NAME 1301 CONCORD TERR 1455 NORTH PARK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL 33326 SUNRISE FU Change ☐ Addition ☐ Delete TITI F TITLE MEDEL, ROGER NAME CONCERD TORK 1455 N PARK DRIVE STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33326 CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete 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 of 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 an other properties.

NAME

TITLE

NAME

TITLE

NAME

Delete

☐ Delete

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/00

Daytime Phone #

[] Change

Change

Addition

☐ Addition

CR2E034 (9/99