,2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 29, 2001 8:00 am Secretary of State **DOCUMENT # L64169** 1. Entity Name OSTOMY, INC. 01-29-2001 90202 039 ***150.00 Principal Place of Business Mailing Address 5420 W. ATLANTIC BLVD. 5420 W. ATLANTIC BLVD. MARGATE FL 33063 MARGATE FL 33063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0182830 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired ____ - : a Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **MORRIS & WEISS** Street Address (P.O. Box Number is Not Acceptable) 2000 GLADES ROAD SUITE 412 **BOCA RATON FL 33431** Zip Code 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 (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition Change GAREAU, JULIE E NAME NAME 5420 W ATLANTIC BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARGATE FL 09 CITY-ST-ZIP ☐ Delete TITLE ☐ Change □ Addition CONSIDINE, JUDITH E NAME NAME STREET ADDRESS 5420 W ATLANTIC BLVD STREET ADDRESS CITY-ST-ZIP MARGATE FL 33063 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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.