2002 UNIFORM BUSINESS REPORT (UBR) SECRETARY OF STATE **DOCUMENT #** P01000114557 1. Entity Name SEVEN HILLS CENTER, INC. 02 JULY26 PM 4:01 Principal Place of Business Mailing Address 4379 MILLWOOD RD 4379 MILLWOOD RD MILMIMODEE. PLUM 40 5 6 6 SPRING HILL FL 34608 SPRING HILL FL 34608 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3959720 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.5 Name and Address of New Registered Agent-Name AMOU, BOUALI F Street Address (P.O. Box Number is Not Acceptable) 4379 MILLWOOD RD SPRING HILL FL 34608 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE 9. This conforation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME AMOU, BOUALI F NAME 100006851481;----08/01/02--01037--023 STREET ADDRESS 4379 MILLWOOD RD STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34608 CITY-ST-ZIP ****150<u>.00</u> TIDE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADORESS CITY ST. 716 CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 emportered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, Florida Statutes.

70/02

Altachuent \$40566 DR. # \$10000114557

Seven Hills Center, Inc. PO Box 1188 Spring Hill, FL 34610 352-686-4634

July 15, 2002

Uniform Business Report Division of Corporations PO Box 1500 Tallahassee, FL 32302-1500

Re: 2002 Uniform Business Report Document #P01000114557

The enclosed UBR filing was received today, July 15, 2002. This is the first time we have seen this report. The corporation was incorporated December 2001. We were not aware of the responsibility to file the UBR for 2002 as the incorporation had just incurred in December.

Further, the Post Office had difficulties delivering the report to us, with the possibilities that the first report had been returned back to you. See copy of address page attached which illustrates the mailing problems.

We are requesting waiver of the \$400.00 penalty and have enclosed a check for \$150.00 to satisfy the filing requirement.

Thank you for your consideration in this matter. Should you have any questions, please contact us at the above address.

Sincerely,

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Michael M. Hashemian

President

John A. Dougherty, CPA