1 of 2

FILED

03 SEP 10 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000111973

1. Entity Name
MEDICAL BENEFITS MANAGEMENT, INC.

Principal Place of Business	Mailing Address
25 BELLAC ROAD TALLAHASSEE, FL 32303	25 BELLAC ROAD TALLAHASSEE, FL 32303

500023279765
09/23/03--01047--016 **150.00

2. Principal Place of Business	3. Mailing Address
1664 Metropolitan Circle	P.O. Box 180485
Suite, Apt. #, etc.	Suite, Apt. #, etc.
TALLAHASSEE FLORIDA	TALLAHASSEE, FLORIDA
City & State	City & State
32308 USA	32318 USA
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 13-4216754 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAINER, FRANK 101 NORTH GADSDEN STREET TALLAHASSEE, FL 32301	Name SCOTT EARICK Street Address (P.O. Box Number is Not Acceptable) 25 Bellac Rd. TALLAHASSEE FL 32303 City FL 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 X Scott Earick — 9/10/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EARICK, WILLIAM S 25 BELLAC ROAD TALLAHASSEE, FL 32303	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE X William Scott Earick — 9/10/03 — 850-201-0960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9-10-23

Dear Department of State,

I Scott Ewick on behalf of Medical Benefits Management Inc., did not ever receive notice of filing for Original notice I just became aware of this when the registered agent at the time was not following up with our file and I came immediately to Division of Corporations

Thank You

Scott Ewick
Medical Benefits Management Inc.