FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 26, 2001 8:00 am DOCUMENT # P95000025406 **Secretary of State** PHP HOLDINGS, INC. 01-26-2001 90119 006 ***150.00 Principal Place of Business Mailing Address 1410 N. WESTSHORE BLVD 1410 N. WESTSHORE BLVD SUITE 200 SUITE 200 TAMPA FL 33607 TAMPA FL 33607 US 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 65-0569629 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent .Name. FERNANDEZ, MICHAEL B Street Address (P.O. Box Number is Not Acceptable) 2333 PONCE DE LEON BOULEVARD SUITE 303 CORAL GABLES FL 33134 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete ☐ Addition FERNANDEZ, MICHAEL B NAME NAME STREET ADDRESS 2333 PONCE DE LEON BLVD., STE 303 STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP CITY-ST-ZIP VICE PREJIDENT TITLE ☐ Delete THUE Addition JIMENEZ, PETER NAME 2333 PONCE DE LEON BLVD., STE 303 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP Delete VICE PRESIDENT TITLE TITLE ☐ Addition BROWN, FRED W. NAME NAME 1410 N. WESTSHORE BLVD., STE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33607** CITY-ST-ZIP Addition Delete TITLE TITLE ☐ Change KOEPPEL, ROBERT ABOOD, JOSEPH NAME NAME 2333 PONCE DE LEON BLVD #303 STREET ADDRESS 1333 PONCE DE LEON BLUD, STE 200 STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP CORAL GABLES, FL 33134 TITLE TITLE Addition MEDEL, ROBER J. M.D. 1301 CONCORD TERR STOWE, RICK NAME NAME 2333 PONCE DE LEON BLVD #303 STREET ADDRESS STREET AODRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-7/P SUNRUE, FL 33323 Delete TITLE TITLE ☐ Change Addition MELKUS, KEN NAME NAME 2333 PONCE DE LEON BLVD., #303 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134

13. 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 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.

SIGNATURE:

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/16/2001 (813) 829-8318