2002 UNIFORM BUSINESS REPORT (UBR)

Aug 26, 2002 8:00 am Secretary of State DOCUMENT # P00000102444 1. Entity Name 08-26-2002 90054 049 ***550.00 GENTLE MEDICINE ASSOCIATES, INC. Principal Place of Business Mailing Address 1260 SOUTH FEDERAL HIGHWAY 976452 1260 SOUTH FEDERAL HIGHWAY SUITE 202 **BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435** 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 65-1051594 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 VACHON-BATAILLE: REGINE Street Address (P.O. Box Number is Not Acceptable) 1260 S. FEDERAL HIGHWAY, STE. 202 BOYNTON BEACH FL 33435 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 signature required when reinstating) FILE NOW!!! FEE IS \$550.00 ~9. "This corporation is eligible to satisfy its intangible" Tax filing requirement and elects to do so. 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. \Box Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITI F Change ☐ Addition NAME BATAILLE, REGINE V NAME S REET ADDRESS 1260 SOUTH FEDERAL HIGHWAY STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33435 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME BATAILLE, GARY NAME STREET ADDRESS 1260 SOUTH FEDERAL HIGHWAY STREET ADDRESS CITY-ST-ZIE **BOYNTON BEACH FL 33435** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ 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 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

SIGNATURE:

addess, with all other like empowered.

71-02 561737137

FILED