**FILED** 

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Aug 13, 2003 8:00 am Secretary of State F00000005519 DOCUMENT # 08-13-2003 90075 030 \*\*\*550.00 1. Entity Name ADJOINED CONSULTING, INC. Principal Place of Business Mailing Address 5301 BLUE LAGOON DRIVE 5301 BLUE LAGOON DRIVE SUITE 700 SUITE 700 MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State 65-1039484 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is-Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. Election Campaign Financing **\$5.00** May Be After September 10, 2003 Fee will be \$750.00 $\Box$ Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition TITLE 3. Delete TITLE ROGERS, RODNEY J NAME NAME 5301 BLUE LAGOON DRIVE SUITE 700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33126** CITY-ST-ZIP ■ Addition TITLE ☐ Change TITLE Delete NAME **DUNCAN, ANDREW** NAME 5301 BLUE LAGOON DRIVE SUITE 700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI.FL 33126, CITY-ST-7IP. TITLE ST Delete TITLE ☐ Change ☐ Addition ROSENBLOOM, MICHAEL NAME NAME STREET ADDRESS 5301 BLUE LAGOON DRIVE SUITE 700 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33126 CITY-ST-ZIP ☐ Change Addition Delete PRUITT, WILLIAM D NAME 5301 BLUE LAGOON DRIVE SUITE 700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33126 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME Watson, Kevin NAME 5301 BLUE LAGOON DRIVE SUITE 700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33126 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition Daniel & Reed NAME NAME 5301 BLUELAGOON DRIVE SUITE 700 STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

Mian 1, FC 33126

CITY-ST-ZIP



Daytime Phone #



August 11, 2003

Dear Vendor,

Our bank-has instituted a strict policy of not honoring checks unless they are properly endorsed. Please ensure that your check has the following endorsements before depositing:

- Name of payee
- Bank Account number

NA Calolecia

The endorsement can either be handwritten or a stamp.

If you have any questions, please do not hesitate to contact me at 305-423-2871 or by email at ncaldeira@adjoined.com

Thank you.

Sincerely,

Nicole A. Caldeira

Controller

5301 Blue Lagoon Drive Suite 700 Miami, FL 33126

Tel: 305.269.8588 Fax: 305.269.1911