2003 FOR PROFIT CORPORATION

FILED Mar 10, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR **DOCUMENT #** 698830 1. Entity Name 03-10-2003 90149 030 ***150.00 REFERRAL ASSOCIATES OF FLORIDA. INC. Mailing Address Principal Place of Business 300 SOUTH PARK PLACE BLVD.. SUITE 150 1 CAMPUS DRIVE PARSIPPANY NY 07054 CLEARWATER FL 33759 HS 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number City & State 13-3084484 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5,00 May Be 9. Flection Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. AdoRion Change TITLE Delete TITLE Joseph COPE, RICHARD W NAME NAME STREET ADDRESS 1650 PRUDENTIAL DRIVE SUITE 400 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207 CITY-ST-ZIP Addition TITLE **Ç** Delete TITLE DΝ MOTTA, JAMES D NAME 1650 PRUDENTIAL DRIVE SUITE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207 CITY-ST-ZIP Addition **Z**∙Del}te TITLE DΝ TITI F REGAN, MICHAEL N NAME STREET ADDRESS 1650 PRUDENTIAL DRIVE SUITE 400 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207 CITY-ST-ZIP ☐ Change Addition Z Delete TITLE TITLE NAME PAINE, LAWRENCE NAME STREET ADDRESS 1650 PRUDENTIAL DRIVE SUITE 150 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207 CITY-ST-ZIP Change ☐ Addition TITLE Deλete TITLE NAME WHITLATCH, SUSAN G NAME STREET ADDRESS 1650 PRUDENTIAL DRIVE SUITE 400 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207 CITY-ST-ZIP ☐ Change Addition

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STICCO, LEWIS A

JACKSONVILLE FL 32207

1650 PRUDENTIAL DRIVE SUITE 400

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Dalete

Daytime Phone #

CR2E034 (10/02)

OCHMENT 90046171

Directors, Officers Report

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March 05, 2003

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