| 2002 UNIFORM BUSINESS REPORT (UBR)  |  |                    |               | APPROYL!  |   |
|---|--|--------------------|---------------|---|---|
| DOCUMENT # A9900001297  |  |                    |               | FLED  |   |
| SIMPLE CONDUCT, LTD.  |  |                    |               | 02 APR 15 PM 12: 28   |   |
| · ·   |  | ailing Address     |               | SECRETARY OF STATE TABLAHASSEE, FLORIDA                             | <b>.</b>  |
|   | BISCAYNE BLVD SUITE 2100 E   | ARLETON FL 32631   |               | <br>  | 970 <b>6810</b> 91 <b>0</b> 14 1186 8871 308 1881 |
|   |  |                    | 3             |   |   |
| Suite, Apt.   | #, etc. 5  | Suite, Apt_#, etc. |               | DUE BY MAY 1,   | 2002  |
| Eur L   | oton, FL E   | City & State       | 2.            | 4. FEI Number NOT APPLICABLE  | Applied For Not Applicable                        |
| 32-6  | 6. Name and Address of Current Regis   | 32631              | ISA-          | Certificate of Status Desired     Name and Address of New Registere | Fee Required                                      |
| TEPPERBERG, PHILLP S P.C.  3141 N.W. 13TH STREET  GAINESVILLE FL 32609  Street Address (P.O. Box Number is Not Acceptable)  |  |                    |               |   |   |
| 8. The above named entity sybmits this statement for the purpose of changing its registered office or registered at   |  |                    |               | red agent, or both, in the State of Florida.                        | Zip Code  |
| SIGNATURE Signature, typed or printed name of registral and title if applicable.  DATE  DATE  |  |                    |               |   |   |
| 9. Capital Contributions as Shown on record.   10. Amount of Capital Contributions in FLORIDA to date.   11. MAKE CHECK PAYABLE TO DEPT. OF ST SEE REVERSE SIDE FOR FEE INFORMAT                            |  |                    |               |   |   |
| A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. |  |                    |               |   |   |
| 12. GENERAL PARTNER INFORMATION DOCUMENT / P99000068821   |  |                    | 3.            | ADDRESS CHANGES C   | DNLY  |
| NAME<br>STREET AODRESS ;<br>CITY-ST-ZIP   | AWARE-HEALTH ENTERPRISES, INC.<br>21209 N.E. 113TH AVE.<br>EARLETON FL 32631 |                    | TREET ADDRESS | 40.   | ĺ   |
| DOCUMENT #  |  | s                  | TREET ADDRESS |   |   |
| STREET ADDRESS  |  | C)                 | TY-ST-ZIP     | 700005309<br>-94/19/021   | 15579<br>01086029                                 |
| 00CUMENT #<br>NAME  |  | ST                 | TREET ADDRESS | ****141.25  | ****141.25  |
| STREET ADDRESS<br>CITY-ST-ZIP   |  | CI                 | TY-ST-ZIP     |   |   |
| DOCUMENT #<br>NAME  |  | ST                 | TREET ADDRESS |   |   |
| STREET ADDRESS<br>CITY-ST-ZIP   |  | Cr                 | TY-ST-ZIP     |   |   |
| DOCUMENTA<br>NAME<br>STREET ADMESS  |  | ST                 | REET ADDRESS  |   |   |

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee employeed to execute this report as required by Chapter 620, Florida Statutes

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS