2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 AM
Secretary of State

DOCUMENT# F01000004913

Entity Name: MYDATAVAULT, INC.

Current Principal Place of Business:

44 WEST LAKE BEAUTY DRIVE, #400
ORLANDO, FL 32806

New Principal Place of Business:

44 LAKE BEAUTY DRIVE
SUITE 400
ORLANDO, FL 32806

Current Mailing Address:

44 WEST LAKE BEAUTY DRIVE, #400
ORLANDO, FL 32806

New Mailing Address:

44 LAKE BEAUTY DRIVE
SUITE 400
ORLANDO, FL 32806

FEI Number: 59-3742949 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASSON, ROBERT L
44 WEST LAKE BEAUTY DRIVE, #400
ORLANDO, FL 32806

Name and Address of New Registered Agent:

MASSON, ROBERT L
44 LAKE BEAUTY DRIVE
SUITE 400
ORLANDO, FL 32806

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: _____ 05/01/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete
Name: MASSON, ROBERT L M.D.
Address: 44 WEST LAKE BEAUTY DRIVE, #400
City-St-Zip: ORLANDO, FL 32806

Title: V ( ) Delete
Name: ROSEMEYER, JOHN G
Address: 44 WEST LAKE BEAUTY DRIVE, #400
City-St-Zip: ORLANDO, FL 32806

Title: S ( ) Delete
Name: BAILEY, STEVEN M.D.
Address: 44 WEST LAKE BEAUTY DRIVE, #400
City-St-Zip: ORLANDO, FL 32806

Title: T (X) Delete
Name: ARCARA, STEVEN T
Address: 44 WEST LAKE BEAUTY DRIVE, #400
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: MASSON, ROBERT L M.D.
Address: 44 LAKE BEAUTY DRIVE SUITE 400
City-St-Zip: ORLANDO, FL 32806

Title: V.P. (X) Change ( ) Addition
Name: ROSEMEYER, JOHN G
Address: 44 LAKE BEAUTY DRIVE SUITE 400
City-St-Zip: ORLANDO, FL 32806

Title: COO (X) Change ( ) Addition
Name: BAILEY, STEVEN M.D.
Address: 44 LAKE BEAUTY DRIVE SUITE 400
City-St-Zip: ORLANDO, FL 32806

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN BAILEY, M.D. COO 05/01/2002
Electronic Signature of Signing Officer or Director — Date