FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 03, 2000 8:00 am Secretary of State DOCUMENT # **F94000004799** 05-03-2000 90123 027 ***150.00 PROFESSIONAL CENTER OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 560 NW 165 ST RD 1380 MIAMI GARDENS DR TREPORUR NORTH MIAMI BEACH FL 33179 STE 311 MIAMI FL 33169-6302 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-2262709 Not Applicable Zip Country 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 Name FRAYND, PAUL Street Address (P.O. Box Number is Not Acceptable) 560 NW 165 ST RD STE 311 MIAMI FL 33169 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. **SIGNATURE** (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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition TITLE Defete TITLE FRAYND, PAUL NAME NAME STREET ADDRESS STREET ADDRESS 560 NW 165 ST RD CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition Delete TITLE TITLE FRAYND, MARCOS NAME NAME STREET ADDRESS STREET ADDRESS 560 NW 165 ST RD CITY-ST-709 CITY-ST-ZIP MIAMI FL Change ☐ Addition Delete TITLE TITLE COIFFMAN, FANNY NAME NAME STREET ADDRESS 560 NW 165-ST RD STREET ADDRESS CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE SINGER, FANNY NAME STREET ADDRESS 560 NW 165 ST RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attact with all other like empowered. SIGNATURE:

CR2E034 (9/99)

Daytime Phone #