2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9800004821 1. Entity Name VANTAS BOCA RATON, INC.					Secretary of State 02-20-2002 90048 006 ***150.00			
Principal Place of Business Mailing Address 15305 DALLAS PARKWAY 1117 PERIMETER CENTER W #1500. LB-20 #500E ADDISON TX 75001 ATLANTA GA 30338			wést					
2. Principal Place of Business 15305 Dallas Parkway Suite, Apt. #, etc. Suite 1400, LB-20 3. Mailing Address 100 Mansell Grant Suite, Apt. #, etc. Suite 250			sychange u		DO NOT WRITE IN THIS SPACE			
City & State Addis Zip 75 00	son, TX	City & State Alpharetto Zip 30022	GA Country		13-4018615 Certificate of Status Desired		pplicable	
6. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI FL 33156-0000			Street Ac	Street Address (P.O. Box Number is Not Acceptable)				
9. This corpo Tax filing r (See criter 11.	named entity submits this statement for Signature, typed or printed name of registered agent a prattion is eligible to satisfy its Intangible equirement and elects to do so ia on back) OFFICERS AND (FILE NOW!! After May 1, 200 Make Check Payabl	Registered Agent signatu ! FEE IS \$150.0 ! Fee will be \$5 le to Department 12.	ore required when the property of the property		Added to	Fees	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	RUPERT, DAVID 15305 DALLA PARKWAY, #1500, ADDISON TX 75001 V/S LOUIS, JILL 15305 DALLA PARKWAY, #1500, ADDISON TX 75001 T	El Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	7	Dallas Parkway, Suit ison, TX 7500 ison, TX 7500 in wallace Dallas Parkway, Su son, TX 7500	○	Addition O	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BAILEY, JOHN 15305 DALLA PARKWAY, #1500, ADDISON TX 75001 AS MCCARTY, J. MARK 15305 DALLA PARKWAY, #1500, ADDISON TX 75001	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jon 15305 Add	te Burnham Tallas Parkany Lison, TX 750 Halporn Pallas Parkway Lison, TX 750	□ Change [Svite 1400, D]	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	15305	- Harris Parkum	☐ Change (Addition Addition	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

Date

Dayline Phone *