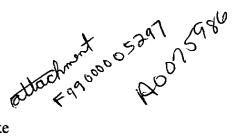
2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR RAILY ED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # F99000005297 Sep 12, 2000 8:00 am Secretary of State STANDARD OF CARE, INC. 09-12-2000 90013 015 ***158.75 Principal Place of Business Mailing Address 15941 CATALPA COVE DR 15941 CATALPA COVE DR FORT MYERS FL 33908 FORT MYERS FL 33908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-2892346 Not Applicable ∠ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREENE, TUCKER Street Address (P.O. Box Number is Not Acceptable) ~ 15941 CATALPA COVE DR FORT MYERS FL 33908 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 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 12. TITI F ☐ Change Addition TITLE Delete SATZ, WAYNE NAME -NAME 1058 BELL LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARLE GLEN PA 19002 CITY-ST-ZIP VCVP ☐ Delete ☐ Change Addition GREENE, TUCKER NAME NAME 15941 CATALPA COVE DR STREET ADDRESS STREET ADDRESS FORT MYERS FL 33908 CITY-ST-ZIP CITY-ST-ZIP - 🖸 : Delete -Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 attachment with an address, with all other like empowered.



Date: September 8, 2000

To: Florida Department of State Division of Corporations

From: Tucker Greene

Standard of Care (SOC), Inc 15941 Catalpa Cove Dr Fort Myers, FL 33908 FEI 23-2892346

Re: 2000 UBR

To Whom It May Concern:

Pursuant to discussions with personnel at phone #850 487 6059, option 2, it is the intent of this letter to state that SOC Inc did not receive the initial 2000 UBR providing for a filing fee of \$150.00. The individual with whom I spoke stated that this explanatory letter with the pre-May 15 deadline fee of \$150.00 would be sufficient.

Subsequently a check in this amount is enclosed with the 2000 UBR. If there is any further information you may need please, contact me at the address listed above. Thank you for your cooperation in this matter.

Sincerely,

Tucker Greene Chief of Operations Standard of Care, Inc