2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2000 8:00 am Secretary of State **DOCUMENT # H89061** 1. Entity Name THERAPEUTIC HEALTH AND EQUIPMENT SPECIALISTS, IN 05-17-2000 90853 022 ***150.00 Principal Place of Business Mailing Address 14000 NW 1ST AVE. 14000 NW 1ST AVE. N. MIAMI FL 33168-4851 N. MIAMI FL 33168 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2634081 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ENGLISH, ANN Street Address (P.O. Box Number is Not Acceptable) 315 S 57TH AVENUE HOLLYWOOD FL 33023 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition PD TITLE ☐ Delete TITLE JESSUP, SHARON NAME NAME STREET ADDRESS 14000 N.W. 1ST AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NO. MIAMI FL Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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

actiress, with all other like empowered

changed, or on an attachment with ag

SIGNATURE: