2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # H93065** Feb 07, 2000 8:00 am 1. Entity Name Secretary of State DIANA B. DENHOLM, PH.D., P.A. 02-07-2000 90005 020 ***150.00 Mailing Address Principal Place of Business 1617 N FLAGLER DR 1617 N FLAGLER DR WEST PALM BEACH FL 33407-6506 WEST PALM BEACH FL 33407 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite Ant #, etc. Diana B. Denholm, Ph.D. Diana B. Denholm, Ph.D. 6 Carnoustie Circle 6 Carnoustie Circle Applied For City West Palm Beach, FL 33401 4. FEI Number 59-2665517 West Palm Beach, FL 33401 Not Applicable 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 DENHOLM, DIANA Street Address (BO Box Number is Not Accentable) Diana B. Denholm, Ph.D. 1617 N FLAGLER DR 6 Carnoustie Circle West Palm Beach, FL 33401 W. PALM BCH FL 33407 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. DATE (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition PST ☐ Delete TITLE TITLE Diana B. Denholm, Ph.D. DENHOLM, DIANA B. NAME 6 Carnoustie Circle STREET ADDRESS STREET ADDRESS 1617 NM FLAGLER DR., #10A West Palm Beach, FL 33401 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL Addition Change 1 ☐ Delete TITLE Diana B. Denholm, Ph.D. TITLE NAME DENHOLM, DIANA B. NAME 6 Carnoustie Circle West Palm Beach, FL 33401 STREET ADDRESS STREET ADDRESS 1617 N FLAGLER DR., #10A CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 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-7IP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #