## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 11, 2001 8:00 am Secretary of State **DOCUMENT # J31759** 1. Entity Name FUTURE HEALTH, INC. 04-11-2001 90047 034 \*\*\*150 00 Principal Place of Business Mailing Address 1200 S. PINE ISLAND RD 1200 S. PINE ISLAND RD ~~~44767 PLANTATION FL 33324 PLANTATION FL 33324 US U\$ 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 59-2731922 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 BAYLESS, THOMAS Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD PLANTATION FL 33324 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (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, 2001 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 12. 11. PD Change ☐ Addition TITLE Delete BAYLESS, THOMAS NAME NAME STREET ADDRESS STREET ADDRESS 200 E LAS OLAS BLVD., SUITE 2100 CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL ☐ Addition Change Delete TITLE TITLE BAYLESS, PATRICIA NAME NAME STREET ADDRESS STREET ADDRESS 200 E LAS OLAS BLVD CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL Change ☐ Addition ☐ Delete TITLE . 3 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

ns R. Bayless

4/5/0 1 (954)236-55/1