FILED

2002 Uniform Business Report (UBR)

Apr 09, 2002 8:00 am Secretary of State DOCUMENT # J31759 1. Entity Name 04-09-2002 91185 046 ***150.00 FUTURE HEALTH, INC. Principal Place of Business Mailing Address 1200 S. PINE ISLAND RD 1200 S. PINE ISLAND RD PLANTATION FL 33324 PLANTATION FL 33324 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2731922 Not Applicable Country Zip 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 Zip Code PLANTATION FL 33324 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 SIGNATURE 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 4, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) ☐ Addition ☐ Delete TITLE TITL F ☐ Change NAME NAME BAYLESS, THOMAS STREET ADDRESS STREET ADDRESS 200 E LAS OLAS BLVD., SUITE 2100 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME BAYLESS, PATRICIA STREET ADDRESS STREET ADDRESS 200 E LAS OLAS BLVD CITY-ST-ZIP .CITY-ST-ZIP ~ FT-LAUDERDALE-FL ☐ Change Addition ☐ Delete 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-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition 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 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.

SIGNATURE: