2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYRED OR PRINTED NAME OF SIGNIN

Feb 21, 2002 8:00 am Secretary of State J46148 DOCUMENT # 1. Entity Name HUTTON MEDICAL SERVICES CORP. 02-21-2002 90055 047 ***150.00 Mailing Address Principal Place of Business 2051 RANGE RD. 2051 RANGE RD. * * * 4 4 4 4 4 CLEARWATER FL 34625 **CLEARWATER FL 34625** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 13-3383753 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HAFLEY, MICHAEL K. Street Address (P.O. Box Number is Not Acceptable) 2051 RANGE ROAD **CLEARWATER FL 34625** 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. Signature, typed or printed name of registered agent and title if applicable 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition TITLE Delete TITLE SILVER, MARTIN NAME NAMĒ **64 BEACHSIDE AVENUE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTPORT CT Change ☐ Addition Delete TITLE TITLE SD NAME MATLIN, GERALD NAME STREET ADDRESS 6 WOODLAND CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BEDFORD NY ☐ Change ☐ Addition TITLE TD ☐ Delete TITLE NAME NAME CIARLETTA, PERRY STREET ADDRESS STREET ADDRESS 35 CARLING DRIVE CITY-ST-ZIP NEW HYDE PARK NY CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE HAFLEY, MICHAEL K NAME NAME 2051 RANGE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL CITY-ST-ZIP Change Addition ☐ Delete 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.

FILED