2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCÚMENT # K15584 Mar 30, 2000 8:00 am ENGLE, FRIEDMAN, CRAMPTON AND VALENTINE, M.D.'S, **Secretary of State** 03-30-2000 90093 001 ***150.00 03-30-2000 90093 002 *****8.75 Principal Place of Business Mailing Address 975 ARTHUR GODFREY ROAD 975 ARTHUR GODFREY ROAD MIAMI BEACH FL 33140-3329 MIAMI BEACH FL 33140 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0027368 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name IAG CORPORATE SERVICES, INC. IVAN GOMEZ RUFFNER, CHARLES L. Street Address (P.O. Box Number is Not Acceptable) 601 BRICKELL KEY DRIVE 601 PRICKELL KEY DRIVE **MIAMI FL 33131** SUITE 507 Zip Code 331.31 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. IAG CORPORATE SERVICES, INC. SIGNATURE BY NOTE. Registered Agent signature required when reinstating) IVAN A. COMEZ 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition ☐ Change CR2E034 (9/99 ☐ Delete TITLE FRIEDMAN, FREDERIC A. NAME NAME 975 41ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL CITY-ST-ZIP Addition □ Change ☐ Delete TITLE TITLE CRAMPTON, DONALD R. NAME NAME STREET ADDRESS 975 41ST STREET STREET ADDRESS CITY-ST-718 MIAMI BEACH FL CITY-ST-ZIP Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME 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 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 changed, or on an attachment with an address, with all other like empowered.

FREDERIC A. FRIEDMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR