2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016330

1. Entity Name

DRG MANAGEMENT, L.L.C.

FILED

01 AUG -9 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
631 U.S. HIGHWAY ONE. STE. 309 NORTH PALM BEACH FL 33408	631 U.S. HIGHWAY ONE. STE. 309 NORTH PALM BEACH FL 33408

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1063763 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SAUERBERG, ERIC M
712 U.S. HIGHWAY ONE, STE. 400
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name: R. ROBERT LOMBARDO MGR

Street Address (P.O. Box Number is Not Acceptable): 631 US Highway One ste 309

City: NORTH PALM BEACH FL Zip Code: 33408

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] DATE: 7-26-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP	SENIOR FINANCIAL CONSULT DAVID B MOORE 631 US HIGHWAY ONE STE 309 NORTH PALM BEACH, FL 33408 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP	SENIOR FINANCIAL CONSULT GILBERT S MESSING 631 US HIGHWAY ONE STE 309 NORTH PALM BEACH, FL 33408 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 7-26-01 561-842-4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #