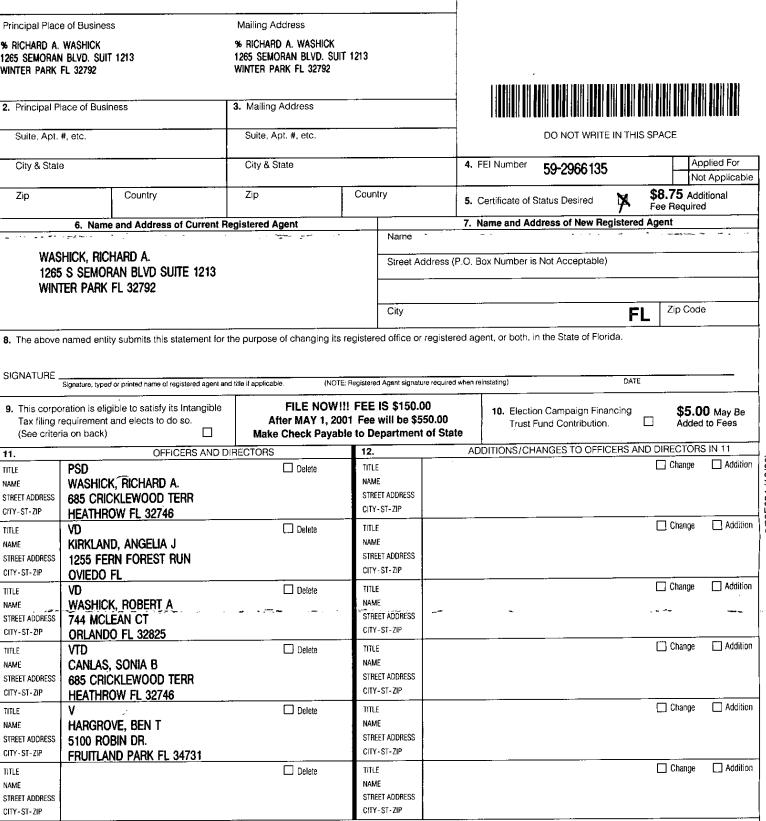
2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # L00875** 1. Entity Name PROFESSIONAL BENEFIT ADMINISTRATORS, INC. Mailing Address Principal Place of Business % RICHARD A. WASHICK % RICHARD A. WASHICK 1265 SEMORAN BLVD. SUIT 1213 1265 SEMORAN BLVD. SUIT 1213 WINTER PARK FL 32792 WINTER PARK FL 32792 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

FILED May 16, 2001 8:00 am Secretary of State

05-16-2001 90226 026 ***158.75



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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD A. WASHICK

4/3 c/o; (40 7) (7/ · 733)

Date Davime Phone **