LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2002 8:00 am Secretary of State

| UNIFURM BUSINESS REPORT (UBR) | | | | | Secretary of State | | |
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| DOCUMENT # 10/000/3/37 | | | | j | 05-01-2002 91553 049 ****50.00 | | |
| ST | EVEN J. Kizi | OR, DDS, 1 | PL, | | | | |
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| | DO NOT WRITE | E IN THIS SI | PACE | - | | | |
| 2. Principal Place of Business 401 MA:N ST. | | 3. Mailing Address 16 21 KERSL | Fig. 6'06 | 1.5 | | | |
| Suite Apt. #, etc. | | Suite, Apt. #, etc. | ey circ | LE | DO NOT WRITE IN THIS SPACE | | |
| City & State WINDERMERE, FL. 34786 | | City & State LAK & MARY, FL | | 4. FEIN | umber - 3 7 4 9 301 | Applied For Not Applicable | |
| 347 8 | 6 Country USA | Zip 32746 | Country U.S.A | · | icate of Status Desired | \$5.00 Additional Fee Required | |
| | | , | , . | 7. Name a | nd Address of Current Regist | ered Agent | |
| | | DITE | Name | TEVEN . | F. KIZIOR, | DD5- | |
| DO NOT WRITE | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| IN THIS SPACE | | | 1621 KERSLEY CIRCLE | | | | |
| | | | | <u> </u> | | | |
| | | | City | KE MAR | Y | Zip Code | |
| 8. The above | e named entity submits this statement fo | r the purpose of changing its | registered office | or registered agent, or | both, in the State of Florida. | -132/40 | |
| | | | | | • | i 1 2 | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. | | | | <u> </u> | |
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| | | Make Check Pay | EE IS \$50.00 rable to Denar | | | | |
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| 9. | MANAGING MEMBE | RS/MANAGERS | | -, i - 1 | eri eri | | |
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| NAME STREET ADDRESS | STEVEN J. KIZIUR | | NAME | | | k * * * * * | |
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| or-en | | | CITY-ST-7P | | | i | |

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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/18/02 (407-3455