[illegible]

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2002 8:00 am
Secretary of State
04-30-2002 90136 008 ****50.00

DOCUMENT # L01000021212

1. Entity Name

Central Florida Cryocare, LLC

DO NOT WRITE IN THIS SPACE

[redacted]

95010

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3426 NW 43 St.	Same
Suite, Apt. #, etc.: Suite B	Suite, Apt. #, etc.
City & State: Gainesville, FL	City & State
Zip: 32606 Country: Alachua	Zip / Country

4. FEI Number: 04-3591163 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Dr. Narayan Perinchery
Street Address (P.O. Box Number is Not Acceptable): 3426 NW 43 St.
Suite B
City: Gainesville FL Zip Code: 32606

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: 4/13/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00 50.
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dr. Narayan Perinchery 3426-B NW 43 St. Gainesville, FL 32606	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Member	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE
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12. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/18/02 352-373-4111

Signature and typed or printed name of signing officer or director — Date — Daytime Phone #

CR2E034B (12/01)