FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2003 8:00 am Secretary of State

05-01-2003 90270 011 ***150.00

UNIFORM	BUSINESS	REPORT
CUMENT # 1	MAKACO	1112

DO LU2 000011100 1. Entity Name CREATIVE HEALTHCARE NETWORK LLQ DO NOT WRITE IN THIS SPACE 3. Mailing Address 2. Principal Place of Business 1612 SUMMIT AVENUE 1612 SUMMIT AVENUE Suite, Apt. #. etc Suite. Apt. #. etc. DO NOT WRITE IN THIS SPACE SUITE 100 SUITE 100 4. FEI Number Applied For FORT WORTH, TEXAS FORT WORTH, TEXAS 22-3863493 Not Applicable 76102 \$8.75 Additional 76102 5. Certificate of Status Desired USA Fee Required 7. Name and Address of Current Registered Agent Name THOMAS BARR DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 1130 PEGASUS PLACE Zin32963 VERO BEACH 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. I am familiar with, and accept the obligations of registered agent. THOMAS BARR ire, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating DATE January 1 - May 1 Fee is \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, Fee is \$550.00 Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS CR2E034B (12/02) TITLE PRESIDENT NAME NAME THOMAS BARR STREET ADDRESS STREET ADDRESS 1130 PEGASUS PLACE CITY-ST-ZIP CITY-ST-ZE VERO BEACH, FL TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE * TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRIT CITY-ST-ZIP CHY-SI-ZIP TĬTLE IN THIS SPACE TITLE NAME NAME STREET ADDRÉSS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME: NAME STREET ADDRESS STREET ADURESS CITY-ST-ZIP CITY-ST-ZIP NAME NAME

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 offect 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 10 or on an attachment with an address. with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS BARR, PRESIDENT

ate

Daytime Physic #