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LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
03 APR 30 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000023277

1. Entity Name

CLOVERLEAF MEDICAL INTERNATIONAL, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5780 GRANDE RESERVE WAY	5780 GRANDE RESERVE WAY
Suite, Apt. #, etc.: UNIT 1401	Suite, Apt. #, etc.: UNIT 1401
City & State: NAPLES, FLORIDA	City & State: NAPLES, FLORIDA
Zip: 34110 Country: UNITED STATES	Zip: 34110 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☒ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: THOMAS J. CRANE

Street Address (P.O. Box Number is Not Acceptable): 5780 GRANDE RESERVE WAY, UNIT 1401

City: NAPLES **FL** Zip Code: 34110

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.

SIGNATURE: T Crane THOMAS J. CRANE DATE: 5/2/2003
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	TITLE	
NAME	Thomas J. Crane	NAME	
STREET ADDRESS	5780 Grande Reserve Way, Unit 1401	STREET ADDRESS	
CITY-ST-ZIP	Naples, Florida 34110	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	100017604601
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	**IN THIS SPACE**
NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083B (12/02)

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: T Crane 4/27/03 2394505803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

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CSC
CORPORATION SERVICE COMPANY

L02000023277

ACCOUNT NO. : 072100000032

REFERENCE : 054290 7210069

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ ~~100.00~~ 50.00

ORDER DATE : April 17, 2003

ORDER TIME : 12:37 PM

ORDER NO. : 054290-005

CUSTOMER NO: 7210069

CUSTOMER: Thomas J. Crane, Esq
Thomas J. Crane, Esquire
Unit 1401
5780 Grande Reserve Way
Naples, FL 34110

FILED
03 APR 30 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
03 APR 30 PM 12:55
DIVISION OF CORPORATION

DOMESTIC FILINGS

NAME: CLOVERLEAF CAPITAL
INTERNATIONAL I, LLC

BK

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan EXT. 1155

EXAMINER'S INITIALS _____