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

| DOCL   | ANNUAL F   | REPORT (AR   | []<br>  AE   | THE ROOM   | - Aun A                    | FIL<br>200      |  | iAM                                  |
|--|--|--|--|--|----------------------------|-----------------|--|--------------------------------------|
| 1. Entity Nar  |  |  |  |  | Sull o                     |                 | 13 08:00<br>'y ok Sta                                  | to                                   |
| PHYSICI  | ANSMART OFFICE, L.L.C.   |  |  |  | l Vie                      | retai           | y or sta   | ie                                   |
| Principal Plac   | ce of Business   | Mailing Address  | L  |  | 1 2                        | di              | •  |                                      |
|  | EAN BLVD.  | 4505 S. OCEAN BLV  | D.   |  |                            | •               |  |                                      |
| #808<br>HIGHLAND<br>US   | BEACH FL 33487   | #808<br>HIGHLAND BEACH F<br>US                                 | <sup>-</sup> L 33487   |  |                            |                 |  |                                      |
| 2. Principal I   | Place of Business  | 3. Mailing Address   |  | <del></del>  |                            |                 |  |                                      |
| Suite, Apt   | . #, etc.  | Suite, Apt. #, etc.  |  |  | 1st MOOF                   | E               | CR2E083 (10/0  | 94)                                  |
| City & Sta   | te   | City & State   |  | ·  | 4. FEI Number              | 8684282         |  | Applied For<br>Not Applicable        |
| <b>Z</b> ip  | Country  | Zip  | Country  |  | 5. Certificate of Status   | Desired         | □ <b>\$5.00</b>  | Additional                           |
|  | 6. Name and Address of Curren  | Registered Agent   | · · · · · · · · · · · · · · · · · · ·  |  | 7. Name and Address        | of New Re       |  |                                      |
| CLI  | TELLY EDANOTE D  |  | Nam  | е  |                            |                 | _  |                                      |
| SHEEHY, FRANCES D<br>1367 LYONS ROAD<br>COCONUT CREEK FL 33063   |  |  | Stree  | Street Address (P.O. Box Number is Not Acceptable)   |                            |                 |  |                                      |
|  |  |  | City   |  | <del></del>                | <del></del>     | FL Zip   | Code                                 |
| 8. The above<br>the obliga   | e named entity submits this statement f<br>tions of registered agent.  | or the purpose of changing it                                  | ts registered office   | or register  | red agent, or both, in the | State of Flor   | /  | with, and accept                     |
| SIGNATURE  |  |  |  |  |                            |                 |  |                                      |
|  | Construction of the Constr |  |  |  |                            |                 |  |                                      |
|  | Signature, typed or printed name of registered agen  | t and title if applicable (NC                                  | TE Registered Agent sig  | gneture required   | when reinstating)          |                 | DATE   |                                      |
|  | Signature, typed of primed hame or registered agen   |  | IOW!!! FEE IS  | \$50,00  |                            | _               | DATE   | <u> </u>                             |
|  | Signature, typed of printed hame of registered agen  | FILE N<br>Make Check Paya                                      | IOW!!! FEE IS  | \$50,00<br>Departme  |                            |                 | DATE   | 2 <sup>th</sup>                      |
| 9.   | MANAGING MEMB  | FILE N<br>Make Check Paya<br>Di                                | IOW!!! FEE IS<br>ble to Florida [  | \$50,00<br>Departme  | nt of State                | DDITIONS/C      |  |                                      |
| 9.   | MANAGING MEMB  | FILE N<br>Make Check Paya<br>Di                                | IOW!!! FEE IS<br>ble to Florida I<br>ue By May 1, 2<br>10.   | \$50,00<br>Departme  | nt of State                | DDITIONS/C      |  | nge Addition                         |
| 9.<br>TITLE<br>NAME  | MANAGING MEMB<br>MGRM<br>HESS, BRITA   | Make Check Payal DI ERS/MANAGERS                               | IOW!!! FEE IS<br>ble to Florida I<br>ue By May 1, 2<br>10.<br>IIILE<br>NAME  | \$50,00<br>Department  | nt of State                | DDITIONS/C      | CHANGES  | nge 🔲 Addition                       |
| 9.   | MANAGING MEMB  | Make Check Payal DI ERS/MANAGERS                               | IOW!!! FEE IS<br>ble to Florida I<br>ue By May 1, 2<br>10.   | \$50,00<br>Department  | nt of State                | DDITIONS/C      | CHANGES  | nge 🗌 Addition                       |
| 9.<br>TITLE<br>NAME<br>STREET ADDRESS  | MANAGING MEMB<br>MGRM<br>HESS, BRITA<br>4505 S. OCEAN BLVD., #808  | FILE N Make Check Payal Di ERS/MANAGERS  □ Delete              | IOW!!! FEE IS<br>ble to Florida I<br>ue By May 1, 2<br>10.<br>IIILE<br>NAME<br>STREET ADDRES   | \$50,00<br>Department  | nt of State                | Dittions/c      | CHANGES Chau   |                                      |
| 9.  TITLE  NAME  STREET ADDRESS  GIY-ST-ZIP  | MANAGING MEMB<br>MGRM<br>HESS, BRITA<br>4505 S. OCEAN BLVD., #808<br>HIGHLAND BEACH FL 39487   | Make Check Payal DI ERS/MANAGERS                               | IOW!!! FEE IS<br>ble to Florida I<br>ue By May 1, 2<br>10.<br>IITLE<br>NAME<br>SIRCET ADDRES<br>CITY-SI-ZIP  | \$50,00<br>Department  | nt of State                |                 | CHANGES<br>☐ Chau<br>☐ Cha                             |                                      |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | MANAGING MEMB<br>MGRM<br>HESS, BRITA<br>4505 S. OCEAN BLVD., #808<br>HIGHLAND BEACH FL 33487<br>MGRM<br>KORNELUK, GREG N<br>5896 NW 23RD TERRACE   | FILE N Make Check Payal Di ERS/MANAGERS  □ Delete              | IOW!!! FEE IS ble to Florida I ue By May 1, 2  10.  IITLE NAME SIREET ADDRES CITY-SI-ZIP  TIILE NAME STREET ADDRES   | \$50,00<br>Department  | nt of State                | )00003 <u>8</u> | CHANGES  Chau  Chau                                    | nge 🗌 Addition                       |
| 9. TITLE NAME STREET ADDRESS GIY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | MANAGING MEMB<br>MGRM<br>HESS, BRITA<br>4505 S. OCEAN BLVD., #808<br>HIGHLAND BEACH FL 33487<br>MGRM<br>KORNELUK, GREG N   | FILE N Make Check Payal Di ERS/MANAGERS Delete                 | IOW!!! FEE IS ble to Florida I ue By May 1, 20  10.  IIILE NAME STREET ADDRES CITY-SI-ZIP  TILLE NAME STREET ADDRES CITY-ST-ZIP  | \$50,00<br>Department  | nt of State                | )00003 <u>8</u> | CHANGES Cha<br>Cha<br>Cha<br>39163<br>3002-010 SU      | nge ☐ Addition                       |
| 9.  TITLE  NAME  STREET ADDRESS  GIY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE   | MANAGING MEMB<br>MGRM<br>HESS, BRITA<br>4505 S. OCEAN BLVD., #808<br>HIGHLAND BEACH FL 33487<br>MGRM<br>KORNELUK, GREG N<br>5896 NW 23RD TERRACE   | FILE N Make Check Payal Di ERS/MANAGERS  □ Delete              | IOW!!! FEE IS ble to Florida I ue By May 1, 20  10.  IIILE  NAME  SIREET ADDRES  CITY-SI-ZIP  TILE  NAME  STREET ADDRES  CITY-ST-ZIP  TITLE  | \$50,00<br>Department  | nt of State                | )00003 <u>8</u> | CHANGES  Chau  Chau                                    | nge ☐ Addition                       |
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