2001 UNIFORM BUSINESS REPORT (UBR) Apr 13, 2001 8:00 am Secretary of State **DOCUMENT # L08350** 1. Entity Name ASEPSIS INTERNATIONAL, INC. 04-13-2001 90088 017 ***150 00 Mailing Address Principal Place of Business 103 HALF MOON CR. 103 HALF MOON CR. GI HYPOLUXO FL 33462 HYPOLUXO FL 33462 00036234 2. Principal Place of Business 6096 N.W. 24 L ST 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 65-0149835 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WARM, STEVEN Street Address (P.O. Box Number is Not Acceptable) 2000 GLADES ROAD SUITE 208 **BOCA RATON FL 33431** Zip Code 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition TITLE ☐ Delete TITLE NAME MCMULLEN, WILLIAM T. NAME 183-HALF MOON GIR. GI 6096 N. W. 24th Si STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

13. I hereby certify that the information supplied with this filling 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME /
STREET ADDRESS

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CLEO MARKI

☐ Delete

4/2/01

716-684-46.92

☐ Change

☐ Addition

Daytime Phone #