FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 07, 2002 8:00 am § Secretary of State **DOCUMENT #** L11232 1. Entity Name 05-07-2002 90264 014 ***150.00 DONALD B. WILLIAMS, M.D., P.A. Principal Place of Business Mailing Address % DONALD B. WILLIAMS, M.D. % DONALD B. WILLIAMS, M.D. 4300 ALTON RD*(MT SINA) MEDICAL CENTER) 4300 ALTON RD (MT SINAI MEDICAL CENTER) MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0137798 Not Applicable Zip Country 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 Name WILLIAMS, DONALD B., M.D. Street Address (P.O. Box Number is Not Acceptable) MT SINAI MEDICAL CENTER OF GREATER MIAMI 4300 ALTON RD MIAMI BEACH FL 33140 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME WILLIAMS, DONALD B., MD NAME STREET ADDRESS 4300 ALTON RD STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #