2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 MAY -3 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0014729 AF

DOCUMENT # L98000000202

1. Entity Name
CEREBSYS, L.C.

Principal Place of Business	Mailing Address
P.O. BOX 8295 PORT ST LUCIE FL 34985	P.O. BOX 8295 PORT ST LUCIE FL 34985-8295

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2082670 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GERDES, MATTHEW 1616 S.W. PLEASANT LANE PORT ST LUCIE FL 34984 Address change Only (see below)	Name: Gerdes, Matthew Street Address (P.O. Box Number is Not Acceptable): 2317 SW Norton St. City: Port St. Lucie FL Zip Code: 34953-2261

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: Matthew C. Gerdes DATE: 4/26/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GERDES, BRENDA 2800 N.E. ISLAND COVE WAY, E2102 STUART FL 34996 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800003269508--4 -05/30/00--01005--017 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GERDES, CLARENCE 2800 N.E. ISLAND COVE WAY, E2102 STUART FL 34996 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GERDES, MATTHEW 1616 S.W. PLEASANT LANE PORT ST LUCIE FL 34984 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition MGR Gerdes, Matthew 2317 SW ~~Pleas.~~ Norton St. Port St. Lucie FL 34953-2261
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Matthew C. Gerdes 4/26/00 561-343-7140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

CERTIFIED COPY

CR2E083 (9/99)