2002 UNIFORM BUSINESS REPORT (UBR)

STREET ADDRESS

SIGNATURE:

CITY-ST-7IP

Jan 24, 2002 8:00 am DOCUMENT # L9800001619 **Secretary of State** 1. Entity Name 01-24-2002 90356 010 ****50.00 JORGE L CASTRIZ, M.D., L.L.C. Principal Place of Business Mailing Address SUITE 103, 3370 BURNS ROAD SUITE 103. 3370 BURNS ROAD PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 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 65-0860422 Not Applicable Zip Country Country Zip \$5.00 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 CASTRIZ, JORGE L M.D. Street Address (P.O. Box Number is Not Acceptable) SUITE 103, 3370 BURNS ROAD PALM BEACH GARDENS FL 33410 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, 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 Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES Addition MGR TITLE TITLE ☐ Change ☐ Delete NAME CASTRIZ, JORGE L M.D. NAME STREET ADDRESS STREET ADDRESS SUITE 103, 3370 BURNS ROAD CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Change ☐ Addition ☐ Delete TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Defete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Chance TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME

STREET ADDRESS CITY-ST-7IP

ANAGER, OR AUTHORIZED REPRESENTATIVE

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 all 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 empowers execute this report as required by Chapter 608, Florida Statutes.

FILED