2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY -2 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000002528

1. Entity Name
HEALTH SCIENCES INSTITUTE, P.L.

Principal Place of Business	Mailing Address
6100 WEST GLADES ROAD, SUITE 205 BOCA RATON, FL 33434-4372	6100 WEST GLADES ROAD, SUITE 205 BOCA RATON, FL 33434-4372

2. Principal Place of Business	3. Mailing Address
21301 Powerline Road	21301 Powerline Road
Suite, Apt. #, etc.: Suite 311	Suite, Apt. #, etc.: Suite 311
City & State: Boca Raton FL	City & State: Boca Raton FL
Zip: 33433 Country: Palm Beach	Zip: 33433 Country: Palm Beach

~~CHECK~~ HERE IF MAKING CHANGES

4. FEI Number: 65-0916082 ☐ 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
MARSELLA, GREGORY M.D. 6100 WEST GLADES ROAD, SUITE 205 BOCA RATON, FL 33434	Name: MARSELLA, GREGORY M.D. Street Address (P.O. Box Number is Not Acceptable): 21301 Powerline Road Suite 311 City: Boca Raton FL Zip Code: 33433

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Gregory Marsella, MD — DATE: 4/30/03
Signature, type 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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM YACONA, ANTHONY M.D. 6100 WEST GLADES ROAD, SUITE 205 BOCA RATON, FL 33434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400017895814 05/02/03--01054--020 **50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TUCKER, KEN L.M.H.C 6100 WEST GLADES ROAD, SUITE 205 BOCA RATON, FL 33434	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MARSELLA, GREGORY M.D. 6100 WEST GLADES ROAD, SUITE 205 BOCA RATON, FL 33434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: Gregory Marsella, MD MGRM 4/30/03 561-482-8733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #