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
6100 WEST GLADES ROAD, SUITE 205
BOCA RATON, FL 33434-4372

Mailing Address
6100 WEST GLADES ROAD, SUITE 205
BOCA RATON, FL 33434-4372

☐ ~~CHECK~~ HERE IF MAKING CHANGES

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

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

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
MARSELLA, GREGORY M.D.
6100 WEST GLADES ROAD, SUITE 205
BOCA RATON, FL 33434

7. Name and Address of New Registered Agent
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 — G Marsella MD — 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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: G Marsella, MD / 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 #