2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -3 PM 1:29

DO NOT WRITE IN THIS SPACE

1. Entity Name

Healthplex Real Estate, LLC

Principal Place of Business / Mailing Address

1201 North Olive Avenue
West Palm Beach, Fl 33401

2. Principal Place of Business	3. Mailing Address
1201 N. Olive Avenue	1201 N. Olive Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach, Florida	City & State: West Palm Beach, Florida
Zip: 33401 / Country: USA	Zip: 33401 / Country: USA

4. FEI Number: [X] 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
Gary N. Gerson	Name
1645 Palm Beach Lakes Boulevard, Suite 1200	Street Address (P.O. Box Number is Not Acceptable)
West Palm Beach, Fl 33401	City: FL 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 resigning) DATE

[redacted]

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM [ ] Delete Shasha, Itzhak I. 1201 N. Olive Avenue West Palm Beach, Fl 33401	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition 500003317115--3 -07/10/00--01011--003 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM [ ] Delete Liebman, Paul R. 2511 N. Flagler Dr. West Palm Beach, Fl 33401	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
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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: _____ 06/29/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #