JUN.28.2000 11:15AM NO.131 P.1/2

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003006

1. Entity Name

Healthplex Real Estate, LLC

Principal Place of Business | Mailing Address

1201 North Olive Avenue
West Palm Beach, Fl 33401

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -3 PM 1:29

DO NOT WRITE IN THIS SPACE

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

Gary N. Gerson
1645 Palm Beach Lakes Boulevard, Suite 1200
West Palm Beach, Fl 33401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

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 reinstating) DATE

[illegible]

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 #