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Secretary of State

04-28-2003 91003 005 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

30062996

DOCUMENT # L99000007331

1. Entity Name
NATAL CARE INTERNATIONAL L.C.

Principal Place of Business	Mailing Address
1920 E. HALLANDALE BEACH BLVD. STE 637 HALLANDALE BEACH, FL 33009	1920 E. HALLANDALE BEACH BLVD. STE 637 HALLANDALE BEACH, FL 33009

2. Principal Place of Business	3. Mailing Address
19575 Biscayne Blvd	same
Suite, Apt. #, etc. 1499	Suite, Apt. #, etc.
City & State Aventura, FL	City & State FL
Zip 33180 / Country Dade	Zip / Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0960986 — 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
SEIDNER, HARRY 1920 EAST HALLANDALE BEACH BOULEVARD SUITE 903 HALLANDALE BEACH, FL 33009	Name Harry Seidner Street Address (P.O. Box Number is Not Acceptable) 19575 Biscayne Blvd #1499 City Aventura FL Zip Code 33180

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 _____ (NOTE: Registered Agent signature required when submitting) 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 NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete SEYPER CORPORATION ONE SOUTHEAST THIRD AVENUE, SUITE 2130 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____, Harry Seidner 4/23/03 305 935 5151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #