2001 UNIFORM BUSINESS REPORT (UBR)

Sep 12, 2001 8:00 am Secretary of State DOCUMENT # M99945 1. Entity Name CONCORD REFERRAL SERVICES, INC. 06-26-2001 90394 045 ***150.00 08-29-2001 90009 012 ***400.00 Principal Place of Business Mailing Address % JAMES C. FAZIOLI % JAMES C. FAZIOLI 262 E. COMMERCIAL BLVD. 262 E. COMMERCIAL BLVD. LAUDERDALE BY THE SEA FL 33308 LAUDERDALE BY THE SEA FL 33308 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0074335 Not Applicable Ζίρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent _____ 6. Name and Address of Current Registered Agent FAZIOLI, JAMES C. Street Address (P.O. Box Number is Not Acceptable) 262 E. COMMERCIAL BLVD. LAUDERDALE BY THE SEA FL 33308 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. MARILYN R FAZIOLI (5/01) TITLE Delete TITLE FAZIOLI, JAMES C. 162 COMMERCIAL Blue MALKE NAME 282 E. COMMERCIAL BLVD. STREET ADDRESS STREET ADDRESS LOUD BY THE SEA PL. 33708 CITY-ST-ZIP LAUD BY THE SEA FL CITY-ST-ZIP TITLE Marinyn R Faziali TITLE ☐ Addition NAME NAME 262 Commencial STREET ADDRESS STREET ADDRESS LAUDERDALL BY THE SEA FL. 33308 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete NΩE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. It 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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