2002 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2002 8:00 am Secretary of State DOCUMENT # M99945 1. Entity Name 04-17-2002 90054 020 ***150 00 CONCORD REFERRAL SERVICES, INC. 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 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0074335 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FAZIOLI, JAMES C. Street Address (P.O. Box Number is Not Acceptable) 262 E. COMMERCIAL BLVD. LAUDERDALE BY THE SEA FL 33308 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. CR2E034 (9/01) TITLE Addition ☐ Delete TITLE NAME FAZIOLI, JAMES C. NAME 262 E. COMMERCIAL BLVD. STREET ADDRESS STREET ADDRESS LAUD BY THE SEA FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME FAZIOLI, MARILYN R NAME STREET ADDRESS 262 COMMERCIAL BLVD STREET ADDRESS CITY-ST-ZIP LAUDERDALE BY-THE SEA FL 33308 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; 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

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changed, or on an attachment with an address, with all other like empowered