

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N00000006386****1. Entity Name**  
RESTORATION VILLAGE, INCORPORATED**Principal Place of Business**  
4200 N.W. 16TH STREET  
PENTHOUSE LEVEL, SUITE 612  
LAUDERHILL FL 33313**Mailing Address**  
4200 N.W. 16TH STREET  
PENTHOUSE LEVEL, SUITE 612  
LAUDERHILL FL 33313**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number**  
**65-1042320****Applied For**  
**Not Applicable**

Zip Country

Zip Country

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**MADDOX A. MAURICE  
4200 N.W. 16TH STREET  
PENTHOUSE LEVEL, SUITE 612  
LAUDERHILL FL 33313Name  
MADDOX A. MAURICE  
Street Address (P.O. Box Number is Not Acceptable)  
4200 N.W. 16TH STREET  
PENTHOUSE LEVEL, SUITE 612  
City  
LAUDERHILL FL Zip Code  
33313**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 A. MAURICE MADDOX****04/30/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:**  
**FEE IS \$61.25****9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees****Make Check Payable to**  
**Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10****TITLE** D ☐ Delete  
**NAME** MADDOX A. MAURICE  
**STREET ADDRESS** 4200 NW 16TH STREET, SUITE 612  
**CITY-ST-ZIP** LAUDERHILL FL 33313**TITLE** D ☒ Change ☐ Addition  
**NAME** MOREY GARLAND E  
**STREET ADDRESS** 4200 NW 16TH STREET, SUITE 612  
**CITY-ST-ZIP** LAUDERHILL FL 33313**TITLE** D ☐ Delete  
**NAME** OSGOOD ROSALIND MPH  
**STREET ADDRESS** 1819 NW 3RD COURT  
**CITY-ST-ZIP** FORT LAUDERDALE FL 33311**TITLE** D/O ☒ Change ☐ Addition  
**NAME** MADDOX A. MAURICE P/S/CEO  
**STREET ADDRESS** 4200 NW 16TH STREET, SUITE 612  
**CITY-ST-ZIP** LAUDERHILL FL 33313**TITLE** D ☐ Delete  
**NAME** DON-PEDRO JOAN PSY.D  
**STREET ADDRESS** 2805 NW 69TH TERRACE  
**CITY-ST-ZIP** MARGATE FL 33063**TITLE** D/O ☒ Change ☐ Addition  
**NAME** KUMA RAYMOND NCHAIR  
**STREET ADDRESS** 4200 NW 16TH STREET  
**CITY-ST-ZIP** LAUDERHILL FL 33313**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE: A. Maurice Maddox****Sec 04/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)