AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

09-12-2001 90019 050 ****61.25
SECRETARY OF N96000006009
DIVISION OF CORPORATIONS

01 SEP 19 AM 10:36

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N96000006009

1. Entity Name

DEWEY KNIGHT HEALTH CENTER, INC.

Principal Place of Business	Mailing Address
4105 NW 135TH STREET OPA LOCKA FL 33054 US	4105 NW 135TH STREET OPA LOCKA FL 33054 US

2. Principal Place of Business	3. Mailing Address
1175 NE 125th Street	1175 NE 125th Street
Suite, Apt. #, etc.: 417	Suite, Apt. #, etc.: 417
City & State: North Miami, FL	City & State: North Miami, FL
Zip: 33161 Country: USA	Zip: 33161 Country: USA

4. FEI Number 65-0711638 — Applied For / Not Applicable

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
GIBLIN, SANDRA R 4105 NW 135 STREET OPA LOCKA FL 33054	Name: Street Address (P.O. Box Number is Not Acceptable): 1175 NE 125th Street Suite 417 City: North Miami FL Zip Code: 33161

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 Sandra R. Giblin 9/5/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 After September 12, 2001, min. will be $236.25	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: PD NAME: WEAVER, EUGENIA RN STREET ADDRESS: 16720 NW 81ST AVENUE CITY-ST-ZIP: MIAMI FL 33016	☒ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: VD NAME: TOSCA, ARMANDO MD STREET ADDRESS: 538 VILA BELA CITY-ST-ZIP: CORAL GABLES FL 33146	☐ Delete	TITLE: PD NAME: Tosca, Armando MD STREET ADDRESS: 538 Vila Bela CITY-ST-ZIP: Coral Gables FL 33146	☒ Change ☐ Addition
TITLE: TD NAME: GIBLIN, SONDRA R CPA STREET ADDRESS: 1175 NE 125TH STREET STE 417 CITY-ST-ZIP: MIAMI FL 33161	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: D NAME: WEAVER, EUGENIA STREET ADDRESS: 16720 N.W. 81ST AVE CITY-ST-ZIP: MIAMI FL	☒ Delete	TITLE: SD NAME: Marta Alfonso STREET ADDRESS: 1175 NE 125 Street #417 CITY-ST-ZIP: N Miami, FL 33161	☐ Change ☐ Addition
TITLE: D NAME: GARVIN, THOMAS M.D. STREET ADDRESS: 10310 NW 135TH STREET CITY-ST-ZIP: HIALEAH GARDENS FL 33018	☒ Delete	TITLE: D NAME: Louise Shaw STREET ADDRESS: 1175 NE 125 Street #417 CITY-ST-ZIP: N. Miami, Florida 33161	☐ Change ☒ Addition
TITLE: D NAME: ENESTER, MORRIS M.D. STREET ADDRESS: 660 NE 95TH STREET CITY-ST-ZIP: MIAMI SHORES FL 33138	☐ Delete	TITLE: D NAME: Chester Morris, M.D. STREET ADDRESS: 660 NE 95th Street CITY-ST-ZIP: Miami Shores, FL 33138	☒ Change ☐ Addition

12. 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 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: SANDRA R. GIBLIN 9/5/01 305-893-2991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/01)