2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 AM
Secretary of State

DOCUMENT# N97000002295

Entity Name: MILESTONES COMMUNITY SCHOOL, INC.

Current Principal Place of Business:

4400 S. DIXIE HWY
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

100 SOUTHEAST 2ND STREET
STE. 2800
MIAMI, FL 33131

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KTG&S REGISTERED AGENT CORP.
100 SOUTHEAST 2ND STREET
STE. 2800
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: MANLY, ROBERT
Address: 201 1ST STREET N.E.
City-St-Zip: FT. MEADE, FL 33841

Title: VD ( ) Delete
Name: FEKETE, ALEX
Address: 10100 PINES BLVD.
City-St-Zip: PEMBROKE PINES, FL 33026

Title: PD ( ) Delete
Name: MARTIN, JOHN M.D.
Address: 785 CRANDON BLVD., #406
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN MARTIN, M.D. P 04/30/2002

Electronic Signature of Signing Officer or Director — Date