2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT/(UBR)

DOCUMENT # N9700005619



Apr 30, 2003 8:00 am § Secretary of State

04-30-2003 90069 047 ****61.25 1. Entity Name SYNCURE, INC. Principal Place of Business Mailing Address 257 PINEWOOD DR 257 PINEWOOD DR TALLAHASSEE FL 32303 TALLAHASSEE FL 32303 2. Principal Place of Business 3. Mailing Address Sessions Rd. 3216 Sessions 3216 CHECK HERE IF MAKING CHANGES Suite 4. FEI Number 31-1574909 Applied For Ass ee Not Applicable \$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 HOLTON, ROBERT A Street Address (P.O. Box Number is Not Acceptable) 7125 UPLAND GLADE TALLAHASSEE FL 32312 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition HOLTON, ROBERT A NAME NAME STREET ADDRESS 7125 UPLAND GLADE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 Delete Change ☐ Addition TITLE TITLE Krafft, Marie e NAME NAME STREET ADDRESS 7125 UPLAND GLADE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete TITLE TITLE Change Change ☐ Addition NAME SMIT, MARIE C NAME STREET ADDRESS DEPT. OF CHEMISTRY FLA STATE UNIVERSITY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32306 TITLE ☐ Delete TITLE Change ☐ Addition NAME MATTHEW, SIDNEY L NAME STREET ADDRESS STREET ADDRESS 135 SOUTH MONROE STREET CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32301 TITLE TITLE ☐ Delete Change ☐ Addition NAME METTS. LEWIS L NAME STREET ADDRESS 161 HIGHLAND AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RIDGEWOOD NJ 07450

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.

TITLE

NAME

STREET ADDRESS

SIGNATURE

DEVINE, MICHAEL D

257 Pinewood dr

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

☐ Delete

850-558-0400

DEVINE, MICHAEL D.

☐ Addition 3216 SESSIONS ROAD, SUME ZOO

Change .