2000 UNIFORM BUSINESS REPORT (UBR)

5/9

DOCUMENT N99000000746

1. Entity Name

CENTER FOR NEW HEALTH SCIENCES, I
(a non-profit corp.)

FILED
Jun 06, 2000 8:00 am
Secretary of State
05-09-2000 90075 007 ****61.25

Principal Place of Business — Mailing Address

80 SW 8th Street Ste. 100
Miami, FL 33130

Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Coral Gables, FL	
Zip	Country	Zip: 33133	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0924014 — Applied For / Not Applied

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
William R. Burdette 80 SW 8th Street Miami, FL 33130	Name Street Address (P.O. Box Number is Not Acceptable): 4510 Ingraham Hwy City: Coral Gables FL Zip Code: 33133

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] (NOTE: Registered Agent signature required when resigning) DATE

Signature, typed or printed name of registered agent (signature applicable)

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
D,P William R. Burdette 80 SW 8th Street Ste. 100 Miami, FL 33130 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 4510 Ingraham Hwy Coral Gables, FL 33133 ☒ Change ☐ Addition
D WURST, Robert A. 80 SW 8th Street Ste 100 Miami, FL 33130 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
D Stein, Susan 80 SW 8th St., Ste 100 Miami, FL 33130 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

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 the name appears in Block 11 or 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR