FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

03 OCT -9 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000019344

1. Entity Name
Datescan of Florida, Inc.

DO NOT WRITE IN THIS SPACE

55042692
05/21/03 90386 001 $150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 2301 W Sample Rd
Suite, Apt. #, etc.: 9A - BLDG 2
City & State: POMPANO BCH. FL
Zip: 33073 Country: USA

3. Mailing Address: Same
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number: 65-0910156 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: MICHAEL GOLDSTEIN
Street Address (P.O. Box Number is Not Acceptable): 22047 Martella Ave
City: Boca Raton FL Zip Code: 33433

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] MICHAEL GOLDSTEIN 5/14/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT AND DIRECTOR	TITLE	
NAME	MICHAEL GOLDSTEIN	NAME	
STREET ADDRESS	22047 Martella Ave	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #