2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 AM
Secretary of State

DOCUMENT# P00000020709

Entity Name: PARKWAY RESEARCH CENTER, INC.

Current Principal Place of Business:

150 N.W. 168TH STREET
SUITE 300
NORTH MIAMI BEACH, FL 33169

New Principal Place of Business:

Current Mailing Address:

150 N.W. 168TH STREET
SUITE 300
NORTH MIAMI BEACH, FL 33169

New Mailing Address:

FEI Number: 65-0985522 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BOULEVARD
1600 MIAMI CENTER
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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: ROSENBERG, MITCHELL A M.D.
Address: 150 N.W. 168TH STREET SUITE #300
City-St-Zip: NORTH MIAMI BEACH, FL 33169

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: ROSENBERG, MITCHELL A M.D.
Address: 150 N.W. 168TH STREET SUITE #300
City-St-Zip: NORTH MIAMI BEACH, FL 33169 US

Title: S ( ) Change (X) Addition
Name: CASSONE, SUZANNE R CRC
Address: 150 N.W. 168TH STREET SUITE #300
City-St-Zip: NORTH MIAMI BEACH, FL 33169 US

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

SIGNATURE: SUZANNE R. CASSONE S 01/15/2002

Electronic Signature of Signing Officer or Director — Date