FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2002 8:00 am Secretary of State

DOCUMENT # P000000 40949 1. Entity Name PREFESSIONAL TERMINICAL SOCUTIONS, INC.					05-13-2002 90089 004 ***150.00		
Place	ન્ક્ય) cl	JUAN TECHNICA	e Socunous,	INC.			
	DO N	NOT WRITE	IN THIS S	PACE			
2. Principal	l Place of Bus	oness	3. Mailing Address 488 www.	escue Ad			
Suite, Apt. #, etc. Suiな みの		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & Sta	tate LLU-100	FL	City & State		4. FEI Number	Applied For	
Zip Ja B		Country Or whole	Zip 32803	Country O Ruhw 6 E	593646779 5. Certificate of Status Desired	Not Applicable \$8.75 Additional	
		- Diesion e	34803	O ICA POE	7. Name and Address of Current Re	Fee Required	
-	-	O NOT W		Name -	Name Ricages D. Foreman		
	DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable) 4528 SCUTH SHOWED		
	1	N THIS SP	ACE	7.	28 SCALIN STIENCE ICU		
L.				City	curoo	FL Zip Code 32839	
8. The above	e named entit	ty submits this statement for	the purpose of changing its	registered office or reg	istered agent, or both, in the State of Florida	32839	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) After May 1, Fee Amended UB				E: Registered Agent signature rec lay 1 Fee is \$150.00 1, Fee is \$550.00	ured when reinstating) 10. Election Campaign Financi	DATE	
			Make Check Bount	u uok is \$61.25	Trust Fund Contribution	Ing \$5.00 May Be Added to Fees	
11.		OFFICERS AND D	Make Check Payab	to Department of	Trust Fund Contribution	THE WOLLD IN INC.	
TITLE	PD		Make Check Payab	TITLE	Trust Fund Contribution	Added to Fees	
TITLE NAME STREET ADDRESS	FOREN	OFFICERS AND D AAN, RICHARD D SULTH SHORE R	Make Check Payab	ele to Department of	Trust Fund Contribution	Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4528 S ORL	Mir, RICHARD D	Make Check Payab	Intle NAME	Trust Fund Contribution	Added to Fees	
TITLE NAME STREET ADDRESS	4528 S DRLV	MAN, RICHMOD D Schottl SHORE RO TWOO FL 328	Make Check Payab	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Trust Fund Contribution	Added to Fees	
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13. Thereby 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 attachment with an actives. With all other like empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an analysis.

SIGNATURE:

Called tus

RIEMMED FOREMUNI

4/26/02

(467)679-B605

Daytime Phone #