2001 UNIFORM BUSINESS REPORT (UBR) May 18, 2001 8:00 am Secretary of State DOCUMENT # P0000048844 RANDY ROSENBERG, D.C., P.A. 05-18-2001 90003 042 ***150.00 Principal Place of Business Mailing Address HOISE NW 17 STREET 10166 NW 17 STREET CORAL SPRINGS FL 23071 CORAL SPRINGS FL 33071 3. Mailing Address 2. Principal Place of Business 3333 B MERIDIAN WAY DO NOT WRITE IN THIS SPACE OCity & State MM BEACH PALM BEACH 4. FEI Number Applied For 65-1010361 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WALTERS, RONALD J Street Address (P.O. Box Number is Not Acceptable) 10166 NW 17 STREET CORAL SPRINGS FL 33071 City Zip Code 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its, ction Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 rust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE ☐ Addition NAME ROSENBERG, RANDY NAME 3333 B MERIDIAN WAY PALM BEACH GARDENS FL STREET ADDRESS STREET ADDRESS 10166 NW 17 STREET CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33071** TITLE ☐ Delete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Band Typeo OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 (561)8/09990 Date Daysime Phone #