FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 17, 2002 8:00 am Secretary of State P00000075464 DOCUMENT # 1. Entity Name MEDICAL THERAPY AND DIAGNOSTIC, INC. 02-17-2002 90110 001 ***150.00 Principal Place of Business Mailing Address 5722 S FLAMINGO ROAD STE 152 5722 S FLAMINGO ROAD STE 152 COOPER CITY FL 33330 COOPER CITY FL 33330 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1035368 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZIPPIN, ROBERT S Street Address (P.O. Box Number is Not Acceptable) 7101 W MCNAB ROAD STE 200 TAMARAC FL 33321 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition Change ARONOFF, KENNETH L NAME NAME 5722 S FLAMINGO ROAD STE 152 STREET ADDRESS STREET ADDRESS COOPER CITY FL 33330 CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change [Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE - - - Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME 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 reformation indicated on this reformation of the corporation of 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.

KENNETH

ARONOFF

REQUERY

SIGNATURE:

28/02 Daytime Phone #