2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 AM
Secretary of State

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Entity Name: PROFESSIONAL MEDICAL COUNSELORS, INC.

Current Principal Place of Business:

3410 NORTHWEST 45 TERRACE 1150
LAUDERDALE LAKES, FL 33319

New Principal Place of Business:

3410 NORTHWEST 45 TERRACE
LAUDERDALE LAKES, FL 33319

Current Mailing Address:

3410 NORTHWEST 45 TERRACE 1150
LAUDERDALE LAKES, FL 33319

New Mailing Address:

3410 NORTHWEST 45 TERRACE
LAUDERDALE LAKES, FL 33319

FEI Number: 65-1043393 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABRAMSON, STUART H ESQ
1320 SOUTH DIXIE HWY STE. 1150
CORAL GABLES, FL 33146 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: P ( ) Delete
Name: O'NEIL, SHERYL L
Address: 3410 NORTHWEST 45 TERRACE
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: V ( ) Delete
Name: SMITH, HELEN
Address: 2020 NORTHWEST 189 TERRACE
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SHERYL L O'NEIL P 04/28/2002

Electronic Signature of Signing Officer or Director — Date