☐ Change

☐ Addition

🗡 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P00000098754 1. Entity Name PASTORAL CARE, INC. 04-27-2001 90255 046 ***150.00 Principal Place of Business Mailing Address 601 BRICKELL KEY DRIVE 601 BRICKELL KEY DRIVE SUITE 802 SUITE 802 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address 1021 NW 108 AUE 1021 NW 108 AUR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEL Number 1050518 City & State Applied For Not Applicable Country S A \$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 ROSEUT I CHALMICK HESS, THOMAS J ESQ. Street Address (P.O. Box Number is Not Acce **601 BRICKELL KEY DRIVE** SUITE 802 MIAMI FL 33131 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. 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. VICE PRESIDENT TITLE Delete TERESA CHALNICK NAME STREET ADDRESS STREET ADDRESS 1021 NN 108 AVE CITY-ST-ZIP .3 w CITY-ST-ZIP PLANTATION, FL 333 V. PRESIDENT ☐ Delete TITLE REU. ROBERT I CHALNICA NAME NAME STREET ADDRESS STREET ADDRESS 1021 NW 108 AVE CITY-ST-ZIP CITY-ST-ZIP PUNNATION, FL 35322 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-7IP

REU. ROBERT I CHAINER