Aug 25, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) P00000103673 DOCUMENT # 08-25-2002 90215 033 ***550.00 DADE MEDICAL SERVICES, INC. Principal Place of Business Mailing Address 5901 NW 151 STREET STE 100 5901 NW 151 STREET STE 100 MIANI LAKES FL 33014 MIAMI LAKES FL 33014 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 65-1049203 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARRAZANA, BARBARA Street Address (P.O. Box Number is Not Acceptable) 14401 SW 38 ST MIAMI FL 33027 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Added to Fees Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition CARRAZANA, BARBARA NAME NAME 14401 SW 38 ST STREET ADDRESS STREET ADDRESS MIRAMAR FL 33027 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE De:ete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

does not qualify for the exemption stated in Section 119.07(3Xi). Florida Statutes, I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

8.8.02

TITLE

NAME STREET ADDRESS CITY-ST-ZIP

Delete

CITY-ST-ZIP

13. I hereby certify that the information supplied with this fillin indicated on this report or supplemental report is true an of the corporation or the receiver or trustee empowered changed, or on an attachment with an address, with all of the corporation of the corporation of the receiver of the corporation of the receiver of t

TITLE

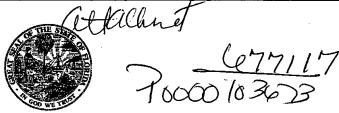
NAME

FILED

Change

Daytene Phone #

☐ Addition



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

August 14, 2002

DADE MEDICAL SERVICES, INC. 5901 NW 151 STREET STE 100 MIAMI LAKES, FL 33014

Subject: DADE MEDICAL SERVICES, INC.

Reference Number P00000103673

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JN ANNUAL REPORTS SECTION