2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P01000023115 FILED 1. Entity Name 02 OCT 16 AM 9: 27 INTEGRO, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 200 BUTLER STREET STE 103 200 BUTLER STREET STE 103 WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 THE HOLD IN THE HAND THE TARE 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Zip Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent *Name = DONATO, DONNA L 200 BUTLER STREET STE 103 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33407 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE NAME (4/02)☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CR2E034** CITY-ST-ZIP TITLE Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP пле Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delate MLE NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the corporation or the receiver or trustee employees to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 in the corporation of the corporation of the receiver or trustee employees to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 in

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September 08, 2002

I, Donna L. Donato, am the Director of Integro, Inc. and did not receive prior notification of the renewal of my corporation. I am requesting that the late fee be waived. I have enclosed \$150.00 to renew my corporation status. Thank you for assisting me with resolving this matter.

Sincerely,

D. L. Donato, LCSW/CAP