2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 29, 2002 8:00 am Secretary of State DCCUMENT # P01000073928 1. Entity Name FRONTLINE HEALTH SERVICES INCORPORATED 04-22-2002 90334 047 ***150.00 Principal Place of Business Mailing Address 9200 S DADELAND BLVD STE 825 9200 S DADELAND BLVD STE 825 MIAMI FL 33156 **MIAMI FL 33158** 2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 6511 41583 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 WOOD, HUGH L JR Street Address (P.O. Box Number is Not Acceptable) 9200 S DADELAND BLVD STE 825 **MAMI FL 33156** City 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. SIGNATURĖ Signature, typed or printed name of registered agent and title if applicable DATE 9. This corporation is eligible to satisfy its Intengible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President TITLE Addition ☐ Dalete TITLE Robyne J. Malys маме NAME 4905 W. Laurel Street, Suite 302 STREET ADDRESS STREET ADDRESS Tampa, FL 33607 CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Dalete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change Addition TITLE TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2iP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 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 path; 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.