FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 10, 2002 8:00 am Secrétary of State P01000104739 DOCUMENT # 1. Entity Name 07-10-2002 90196 005 ***550.00 KENDALL L. VITULLI, D.O., P.A. Mailing Address Principal Place of Business 1840 MAIN ST., SUITE 104 1840 MAIN ST., SUITE 104 B0128496 WESTON FL 33326 WESTON FL 33326 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 65-\$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VITULLI, KENDALL L Street Address (P.O. Box Number is Not Acceptable) 2270 QUAIL ROOST DR. WESTON FL 33327 Zip Code City 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (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 After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition **PVST** TITI F Delete TITLE VITULLI, KENDALL L NAME NAME 2270 QUAIL ROOST DR. STREET ADDRESS STREET ADDRESS WESTON FL 33327 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE D TITLE VITULLI, KENDALL L NAME NAME 2270 QUAIL ROOST DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON FL 33327 CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE 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.

CITY-ST-ZIP

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DKENDOUVITULU 7/5/02

□ Delete

☐ Addition

To whom it may Concern.

Altochment & Polooojo4739 BOI28496

I did not recieve a prior notice requarding payment for the 2002 UBR. The business was just formed in Dec 2001 and I was not aware of this form or dead line. It would be greatly oppreciated if the late fee could be wived.

Thank you, Xuhilli PO