Apr 29, 2002 8:00 am § Secretary of State FILED 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P01000110433 1. Entity Name 04-29-2002 90140 041 ***150 FIVE STAR CARE, INC. FEI 65-1158237 Mailing Address Principal Place of Business 1300 CORPORATE CENTER WAY, SUITE 103 1300 CORPORATE CENTER WAY. SUITE 103 WELLINGTON FL 33414 WELLINGTON FL 33414 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-1158237 Not Applicable \$8.75 Additional Country Zip 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 KUPFRIAN, PAUL Street Address (P.O. Box Number is Not Acceptable) 1901 SHOWER TREE WAY WELLINGTON FL 33414 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 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 ☐ Delete TITLE President NAME NAME Paul C. Kupfrian STREET ADDRESS STREET ADDRESS 1901 Shower Tree Way CITY-ST-ZIP CITY-ST-ZIP Wellington, Florida 334<u>1</u>4 ☐ Addition ☐ Change TITLE TITLE V.P. NAME NAME Mark R. Hutt STREET ADDRESS STREET ADDRESS 1227 Benoist Farms Rd.Apt#202 CITY-ST-ZIP CITY-ST-ZIP West <u>Palm Beach</u>, Fl -- ['Addition | TITLE TITLE Treasurer Tom Thornhill 2459 **C**ountry Golf Drive Wellington, Florida 33414 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete Secretary Everett Wheatley TITLE NAME NAME STREET ADDRESS 1312 Madison Chase Apt#7 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP West Palm Beach, Fl 33411 ☐ Change Addition ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Change ☐ 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randu Paul Dc. (Kupfrian

4-16-02