## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P02000015153

1. Entity Name

FREEDOM HEALTHCARE GROUP, INC.



## FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90227 032 \*\*\*158.75

|                                                                                           |                                                     |                                                                                                                | 1                         | WE TRUS                                            |                                                              |                                                                                                                |                     |                              |        |  |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------|------------------------------|--------|--|
| Principal Plac                                                                            | ce of Business                                      | Mailing Address                                                                                                |                           |                                                    |                                                              |                                                                                                                |                     |                              |        |  |
| 6073 STIRLIN                                                                              | IG ROAD                                             | 6073 STIRLING ROAD                                                                                             |                           | 1                                                  |                                                              |                                                                                                                |                     |                              |        |  |
| BLDG 3                                                                                    |                                                     | BLDG 3                                                                                                         |                           |                                                    |                                                              |                                                                                                                |                     |                              |        |  |
| HOLLYWOOD                                                                                 | FL 33024                                            | HOLLYWOOD FL 33024                                                                                             |                           |                                                    | I ( <b>et</b> in <b>es</b> ) en <b>ac</b> ida (eta) escida 3 | RANK BONTA BOLDA AND                                                                                           | <b>41 1010 1111</b> |                              |        |  |
| US                                                                                        |                                                     | US                                                                                                             |                           |                                                    |                                                              |                                                                                                                |                     |                              |        |  |
| 2. Principal F<br>6401                                                                    | Place of Business Sheridan                          | 3. Mailing Address 6401 Sher                                                                                   |                           |                                                    |                                                              | 1 100 1100 1 111 0 0 110 12017 0 0 111 0 0 111 0 0 111 0 0 111 0 0 112 110 0 110 0 110 0 110 0 110 0 110 0 110 |                     |                              |        |  |
| Suite, Apt                                                                                | . #, etc.                                           | Suite, Apt. #, etc.                                                                                            |                           |                                                    | CHECK HERE                                                   | IF MAKING (                                                                                                    | CHANGES             |                              |        |  |
| City & Star<br>Holly o                                                                    |                                                     | City & State  Holly Coock                                                                                      | FL.                       | 4.                                                 | FEI Number 02-0543839                                        | )                                                                                                              |                     | oplied For                   | 7      |  |
| 330                                                                                       | 24 USA                                              | 33024                                                                                                          | Country                   | 5.                                                 | Certificate of Status Desired                                |                                                                                                                | 8.75 Add            | ditional                     | 1      |  |
|                                                                                           | 6. Name and Address of Currer                       | nt Registered Agent                                                                                            |                           | 7.                                                 | Name and Address of New I                                    |                                                                                                                | <u> </u>            |                              | 1      |  |
| · .                                                                                       | بالمراسع بيواج المراكات المراكات                    | ಎಸ್ಫ್ನ್ ಸಾಹ್ತರ ಹಾತ                                                                                             | - Name                    |                                                    |                                                              |                                                                                                                |                     |                              | 1      |  |
| PERKINS, HAVEN M JR.                                                                      |                                                     |                                                                                                                |                           |                                                    |                                                              |                                                                                                                |                     |                              |        |  |
| 264 VISTA OAK DRIVE                                                                       |                                                     |                                                                                                                |                           | Street Address (P.O. Box Number is Not Acceptable) |                                                              |                                                                                                                |                     |                              |        |  |
| LONGWO                                                                                    | OD FL 32779                                         |                                                                                                                |                           | <del></del> »                                      |                                                              |                                                                                                                |                     |                              | 1      |  |
|                                                                                           |                                                     | 1                                                                                                              |                           |                                                    |                                                              |                                                                                                                |                     |                              |        |  |
|                                                                                           |                                                     |                                                                                                                | City                      |                                                    |                                                              | FL                                                                                                             | Zip Code            | e                            |        |  |
| 8. The above                                                                              | named entity submits this statement                 | for the purpose of changing its                                                                                | registered office o       | r registered an                                    | ent or both in the State of Flo                              | orida. Lam far                                                                                                 | Miliar with         | and accept                   | -      |  |
| the obligat                                                                               | tions of registered agent.                          |                                                                                                                |                           |                                                    | joint, or board, in and oratio of the                        | onda. Tan ta                                                                                                   | rina with,          | and accept                   |        |  |
| SIGNATURE                                                                                 |                                                     |                                                                                                                |                           | -                                                  |                                                              |                                                                                                                |                     |                              |        |  |
|                                                                                           | Signature, typed or printed name of registered ages | nt and title if applicable. (NOT                                                                               | E: Registered Agent signa | ture required when re                              | einstating)                                                  | DATE                                                                                                           |                     |                              |        |  |
|                                                                                           | ILE NOW!!! FEE IS \$150.00                          |                                                                                                                |                           |                                                    | 9. Election Campaign Fi                                      | nanaina                                                                                                        | <b>65.0</b>         | <b>^</b> =                   |        |  |
| After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State |                                                     |                                                                                                                |                           |                                                    | Trust Fund Contribution                                      |                                                                                                                |                     | <b>0</b> May Be<br>I to Fees | 1      |  |
|                                                                                           | k Payable to Florida Department                     | or State                                                                                                       |                           |                                                    |                                                              |                                                                                                                |                     |                              |        |  |
| 10.                                                                                       | OFFICERS ANI                                        |                                                                                                                | 11.                       |                                                    | DITIONS/CHANGES TO OFF                                       | ICERS AND D                                                                                                    | IRECTORS            | 3 IN 11                      | 1 .    |  |
| TITLE                                                                                     | P TECHARDI TRAIR                                    | ☐ Delete                                                                                                       | TITLE                     | ν                                                  |                                                              | [                                                                                                              | Change              | Addition Addition            | ] [ [  |  |
| NAME                                                                                      | LEONARDI, TRAVIS                                    |                                                                                                                | NAME                      | Julio A                                            | . Sanchez<br>76h Street                                      |                                                                                                                |                     | •                            | (10/02 |  |
| STREET ADDRESS                                                                            | 264 VISTA OAK DRIVE                                 |                                                                                                                | STREET ADDRESS            | 1405 M                                             | . 76h Street                                                 |                                                                                                                |                     |                              |        |  |
| CITY-ST-ZIP                                                                               | LONGWOOD FL 32779                                   |                                                                                                                | CITY-ST-ZIP               | Donia                                              | Deach, PL 3                                                  | 3004                                                                                                           |                     |                              | F034   |  |
| TITLE                                                                                     | V                                                   | ☐ Delete                                                                                                       | TITLE                     |                                                    |                                                              | • [                                                                                                            | Change              | Addition                     | 18     |  |
| NAME                                                                                      | PERKINS, HAVEN M JR.                                |                                                                                                                | NAME                      |                                                    |                                                              |                                                                                                                | _ ,                 | _                            | 10     |  |
| STREET ADDRESS                                                                            | 264 VISTA OAK DRIVE                                 |                                                                                                                | STREET ADDRESS            |                                                    |                                                              |                                                                                                                |                     |                              |        |  |
| CITY-ST-ZIP                                                                               | LONGWOOD FL 32779                                   |                                                                                                                | CITY-ST-ZIP               |                                                    |                                                              |                                                                                                                |                     |                              |        |  |
| TITLE                                                                                     |                                                     | ☐ Delete                                                                                                       | TITLE                     |                                                    | r.                                                           | Γ                                                                                                              | Change              | Addition                     | 1      |  |
| NAME                                                                                      |                                                     | in the same of | NAME                      | ~·                                                 | •                                                            | <del>_</del>                                                                                                   | <del>_</del> , •    |                              |        |  |
| STREET ADDRESS                                                                            |                                                     |                                                                                                                | STREET ADDRESS            | 1                                                  |                                                              |                                                                                                                |                     |                              |        |  |
| CITY-ST-ZIP                                                                               |                                                     |                                                                                                                | CITY-ST-ZIP               |                                                    |                                                              |                                                                                                                |                     |                              |        |  |
| TITLE                                                                                     |                                                     | ☐ Delete                                                                                                       | TITLE                     | <b></b>                                            |                                                              | Г                                                                                                              | Change              | ☐ Addition                   | 1      |  |
| NAME                                                                                      |                                                     |                                                                                                                | NAME                      |                                                    |                                                              | L                                                                                                              |                     |                              |        |  |
| STREET ADDRESS                                                                            |                                                     |                                                                                                                | STREET ADDRESS            |                                                    |                                                              |                                                                                                                |                     |                              | }      |  |
| CITY-ST-ZIP                                                                               |                                                     |                                                                                                                | CITY-ST-ZIP               |                                                    |                                                              |                                                                                                                |                     |                              |        |  |
| TITLE                                                                                     |                                                     | ☐ Delete                                                                                                       | TITLE                     | <u> </u>                                           |                                                              | Г                                                                                                              | Change              | Addition                     |        |  |
| NAME                                                                                      | ,                                                   | □ Delete                                                                                                       | NAME                      |                                                    |                                                              | L                                                                                                              |                     | المالان ال                   |        |  |
| STREET ADDRESS                                                                            |                                                     |                                                                                                                | STREET ADDRESS            |                                                    |                                                              |                                                                                                                |                     |                              |        |  |
| CITY-ST-ZIP                                                                               |                                                     |                                                                                                                | CITY OT 7ID               | l                                                  |                                                              |                                                                                                                |                     |                              | i      |  |

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SICUATION DE DECLOROR DIRECTOR

2/12/03

9545854882

☐ Change

☐ Addition