FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBB)

## DOCUMENT # POL 000 1/1426

FILED Feb 26, 2003 8:00 am Secretary of State

| Colden H                                       | leart medical   | ? Center in                    | e                                   |  | 02-20-2003 90  | 3102 044   | 130.00                                       |
|--|---|--------------------------------|-------------------------------------|--|--|--|--|
| DO   | NOT WRITE   | IN THIS S                      | PACE                                |  |  |  |  |
| 2. Principal Place of                          | Business  | 3. Máiling Address             |                                     |  |  |  |  |
| 7761 N Suite, Apt. #, etc.                     | w 44 street   | 7761 NW<br>Suite, Apt. #, etc. | 44 sheet                            |  | DO NOT WRITE   | IN THIS SPACE  | <u>=</u>                                     |
| City & State                                   | FL  | City & State                   | F6                                  | 4. FEI Numi  | oer43-/978   | -10  | Applied For                                  |
| Junrise<br>Zip                                 | Country<br>USA  | Surtise<br>Zip<br>33351        | Country                             |  |  | ¢0.7   | Not Applicable  5 Additional                 |
| 33351  | _   USA   | 33311                          | USA                                 |  | e of Status Desired  Address of Current Re   | ☐ Fee R  | equired                                      |
|  | Da Na-  |                                | Name B                              |  | igm An ol  | gistered Ager  | <u>                                     </u> |
|  | DO_NOT_W  |                                | Street Addre                        | ess (P.O. Box Numb   | er is Not Acceptable) -  |  | -  |
| gerande en | IN THIS SE  | ACE                            | 7761                                | NW 40  | treet  |  |  |
|  |   |                                | CitySun                             | rise   |  | FI Z   | p Code<br><b>3 3 3 5</b> /                   |
| 8. The above named the                         | entity submits this state of the  | or the purpose of changing     | its registered office or regi       | istered agent, or bo   | th, in the State of Florida  | a. I am familiar   | with and accept                              |
| ine y jinganona or r                           | 19 20   | and )                          | 10                                  |  |  | 1/1/2  | 2  |
| SIGNATURE Signature,                           | typed or cyntod name of egistered agent   | and title if applicable. (No   | OTE: Registered Agent signature req | quired when reinstating)   |  | 1/1/0.   | <u> </u>                                     |
| After N<br>Amer                                | - May 1 Fee is \$150.00<br>lay 1, Fee is \$550.00<br>ided UBR is \$61.25<br>le to Florida Department of |                                |                                     | 9. Ele   | ection Campaign Financest Fund Contribution.   |  | \$5.00 May Be<br>Added to Fees               |
| 10.  | OFFICERS AND  |                                | Maria Santa Cara                    | a leikine selak  | ent Charles the entitle of the second  |  |  |
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| IA 1 6 2 31 37 37 3                            |   |                                |                                     |  | and the second of the second o | <u> </u>   | 4  |

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND YPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954)7410208