2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000135042 SUNQUEST PROPERTIES OF SOUTH FLORIDA, INC. 2005 JUL ZO PM 4: 53 SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 10755 LAKE WYNDS COURT 10755 LAKE WYNDS COURT **BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33437** 2. Principal Place of Business 3. Mailing Address Suite, Apr. #, etc. Suite, Apt. #, etc. 06292005 CR2E034 (10/03) Chg-P Applied For 4. FEI Number 2485080 City & State City & State Not Applicable Zip Country Zip \$8.75 Additional Fee Required 5. Certificate of Status Desired 7. Name and Address of New Registered Agent B. Name and Address of Current Registered Agent TRAINUR BARBARA TRAINOR, BARBARA A Street Address (P.O. Box Number is Not Acceptable) 9722 COLORADO COURT BOCA RATON, FL 33434 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 aggistered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOWILL FEE 18 \$150.00 \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 7, 2005 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PΠ Delete IIILE TITLE TRAINOR, BARBARA A TRAINOR, BARBARA A NAME NAME 19755 Lale Wrongs Court 9722 COLORADO COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33434 CITY-ST-ZIP MILE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-51-20P TITLE C Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP THLE ☐ Detete III) F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ANOMESS CITY-ST-ZIF CITY-ST-ZIP DILE ☐ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE D Detete TUTE ☐ Change Addition KAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - S1 - ZIP 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 Block 11 if changed, or on an attachingnt with an address, with all other like empowered. 954-520-120 SIGNATURE:

7/20av