FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 30, 2002 8:00 am Secretary of State DOCUMENT # P39840 1. Entity Name MICA IMAGING, INC. 04-30-2002 90154 040 ***150.00 Principal Place of Business Mailing Address 250 S AUSTRALIAN AVE 250 S AUSTRALIAN AVE 9TH FLOOR 9TH FLOOR W PALM BEACH FL 33401 W PALM BEACH FL 33401 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-2950287 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 **TALLAHASSEE FL 32301** Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PCEO** TITLE ☐ Delete TITLE ☐ Change ☐ Addition LEON. MARQIST NAME NAME 250 S AUSTRALIAN AVENUE 9TH FLOOR STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33401 CITY-ST-ZIP CITY-ST-ZIP TITLE CD ☐ Delete TITLE ☐ Change ☐ Addition HARTLEY, KEITH NAME NAME 250 S AUSTRIALIAN AVE, 9TH FLOOR STREET ADDRESS STREET ADDRESS CÎTY-ST-ZIP W PALM BEACH FL 33401 CITY-ST-ZIP VCFO____ JITLE ---→ □ Delete TITLE - 🖃 Change - 🔲 Addition SHAW, PAUL A NAME NAME 250 S AUSTRALIAN AVENUE, 9TH FLOOR STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33401 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITEE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 with all other like empowered