2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P93000028165 I. Entity Name LINIVERSITY MEDICAL AND FORENSIC CONSULTANTS INC.

FILED
May 29, 2002 8:00 am
Secretary of State

| UNIVERSITY MEDICAL AND FORENSIC CONSULTANTS, INC | | | | | 05-29-2002 90686 046 ***150.00 |
|---|--|---|--|---------------------------------|---|
| Principal Place of Business SETI WEST INDIANTOWN ROAD SUITE 56 #387 JUPITER FL 33456 9984 | | | | | |
| 10130 Suite, Apt. | | 3. Mailing Address Suite, Apt. #, etc. | 175 | | DO NOT WRITE IN THIS SPACE |
| City & State | e | City & Stare | <u>ι</u> | | 4. FEI Number 65-0412912 Applied For Not Applied For |
| 2 ^{Zip} 11 | Country A | Zip | Country | | 5 Certificate of Status Desired S8.75 Additional |
| 2241 | 6. Name and Address of Current Re | agistered Agent | | | 7. Name and Address of New Registered Agent |
| | v. Name and Address of Garrent No. | gistoreu Agent | | Name | 7. Hallo and Address of How Registered Agent |
| ROSE, STEFAN MD 6671 WEST INDIANTOWN ROAD | | | | Street Address Z | 3.000 NINOSTENIA PRIE BLUD |
| SUITE 56 | | | | CUIT | F 714 # 300 |
| JUPITER | FL 33458-3984 | | | City (D) O | 00 El 32617 FI 12874//2 |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, o | | | | | ered agent, or both, in the State of Florida. |
| SIGNATURE Signature typed or printed lapte of registered agent and title if applicable. (NOTE: Registered Agent | | | | gent signature required | ed when reinstating) DATE |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW! After May 1, 200 Make Check Payab | | | 2 Fee wi | II be \$550.00 | 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees |
| (See criter | | Make Check Payable | e to Dep | artment of Star | ! |
| (See criter | | Make Check Payable | to Dep | artment or Sta | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| | ria on back) | Make Check Payable RECTORS Delete | 12. TITLE NAME | ADDRESS | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| 11. TITLE NAME STREET ADDRESS | OFFICERS AND DI P ROSE, STEFAN MD 6671 WEST INDIANTOWN ROAD S | Make Check Payable RECTORS Delete SUITE 56 #387 | 12. TITLE NAME STREET / CITY-ST | ADDRESS ZIP | |
| 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | OFFICERS AND DI P ROSE, STEFAN MD 6671 WEST INDIANTOWN ROAD S JUPITER FL 33458-3984 | Make Check Payable RECTORS Delete BUITE 56 #387 | 12. TITLE NAME STREET / CITY-ST NAME STREET / CITY-ST TITLE NAME | ADDRESSZIP ADDRESSZIP ADDRESS | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | OFFICERS AND DI P ROSE, STEFAN MD 6671 WEST INDIANTOWN ROAD S JUPITER FL 33458-3984 LOLZO WORTH SUITE ZLY # | Make Check Payable RECTORS Delete BUITE 56 #387 | 12. IITLE NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST TITLE NAME NAME | ADDRESSZIP ADDRESSZIP | ☐ Change ☐ Addition ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | OFFICERS AND DI P ROSE, STEFAN MD 6671 WEST INDIANTOWN ROAD S JUPITER FL 33458-3984 LOLZO WORTH SUITE ZLY # | Make Check Payable RECTORS Delete SUITE 56 #387 A Delete 3 00 | 12. IITLE NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST | ADDRESSZIP ADDRESSZIP | ☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ |

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 supplymental 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 received or justee 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: ___

STREET ADDRESS

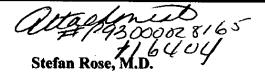
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #





University Medical and Forensic Consultants, Inc.

10130 Northlake Boulevard

Suite 214 # 300

West Palm Beach, Florida 33412

Phone 561-795-4452 Fax 561-795-4768 Pager 800-555-6449 eMail toxdoc1@bellsouth.net

May 24, 2002

Division of Corporations Uniform Business Report Filings Post Office Box 1500 Tallahassee, Florida 32302-1500

Dear Sirs:

Please accept my late submission of \$150.00 for my corporate filing. I moved and did not receive the filing promptly as it was sent to the old address. The change of address should have been done by the CPA on the account. Please accept this letter as the official change of address for the corporation.

I would appreciate a waiver of the penalty.

I have enclosed the original mailer to demonstrate the old address.

ou MiD.

Thank you

Stefan Rose, M.D.