2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 22, 2001 8:00 am Secretary of State DOCUMENT # P93000078890 1. Emity Name BELL HEALTH CARE, INC. 03-22-2001 90003 036 ***150.00 Principal Place of Business Mailing Address 633 NE 167 ST. 633 NE 167 ST. SUITE 801 SHITE 801 NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33162 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0467987 City & State Not Applicable \$8.75 Additional Country Zio Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KATZEN, BRUCE A ESQUIRE Street Address (P.O. Box Number is Not Acceptable) KLUGER, PERETZ, KAPLAN & BERLIN, P.A. 201 S. BISCAYNE BLVD., SUITE 1700 **MIAMI FL 33131** Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE STAHL, MICHAEL NAME NAME **633 NE 167 STREET** STREET ADDRESS STREET ADORESS CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE MARCANO, MERLIN NAME NAME **633 NE 167 STREET** STREET ADDRESS STREET ADDRESS NORTH MIAMI BEACH FL 33162 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR