FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 05, 2002 8:00 am DOCUMENT # P94000086691 **Secretary of State** 1. Entity Name VIATICAL BENEFITS, INC. 03-05-2002 90137 037 ***150.00 Principal Place of Business Mailing Address 2881 E OAKLAND PARK BLVD., SUITE 100 2881 E OAKLAND PARK BLVD., SUITE 100 FT. LAUDERDALE FL 33306 FT. LAUDERDALE FL 33306 2. Principal Place of Business 3. Mailing Address 200 200 6 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0555664 auderdale + Lauder dale Not Applicable Zip 33301 Country Country \$8.75 Additional 5. Certificate of Status Desired USA AZC 3301 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NOTT HOLLAND, BRIAN Street Address (P.O. Box Number is Not Acceptable) 2881 E OAKLAND PARK BLVD., SUITE 100 FORT LAUDERDALE FL \$3306 Zig Code ⊃ (s this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entit SIGNATURE name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. President Change TITLE Delete TITLE HOLLAND, BRIAN 5im NOH NAME 200 & Broward Blud 17th Floor 2881 E OAKLAND PARK BLVD., SUITE 100 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33306 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STRÉET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 ental 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 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 13. I hereby certify that the informati indicated on this report or supp of the corporation or the receive changed, or on an attachment an address, with all other like empowered