FILED 2000 UNIFORM BUSINESS REPORT (UBR) Mar 01, 2000 8:00 am Secretary of State DOCUMENT # P95000016785 CUSHION CLINIC, INC. 03-01-2000 90046 044 ***150.00 Principal Place of Business Mailing Address 1503 66TH AVE. TERRACE EAST 1503 66TH AVE. TERRACE EAST ULOUUI SARASOTA FL 34243-4017 34843074 FL 34243 addus change Mailing Address 2. Principal Place of Business 7646 7040 15 St Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3352542 41 Darasota Not Applicable مىتە Country Country \$8.75 Additional 5. Certificate of Status Desired 1234. 4234 Maratee Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHASTAIN, MARILOU E Street Address (P.O. Box Number is Not Acceptable) 1503 SOTH AVENUE TERRACE EAST 70 40 SARASOTA FL 34243 Zip Code 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. SIGNATURE (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 Tax filing requirement and elects to do so After MAY 1, 2000 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 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE ☐ Change TITLE CHASTAIN, MARILOU E NAME NAME 1503 GOTH AVE. TERRACE EAST 7040 1534 F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Dalete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 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.

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

2/22/00