2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 13 PM 4:51

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05/13/08--01004--020 **300.00

DOCUMENT # P95000036970

1. Entity Name
IBC OF PENNSYLVANIA, INC.

Principal Place of Business	Mailing Address
730 WEST MCNAB ROAD FT. LAUDERDALE, FL 33309 US	225 NE MIZNER BOULEVARD 7TH FLOOR BOCA RATON, FL 33432 US

05022008 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6434 NW 5TH WAY	6434 NW 5TH WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT LAUDERDALE, FL	City & State: FORT LAUDERDALE, FL
Zip: 33309 Country: USA	Zip: 33309 Country: USA

4. FEI Number: 65-0581644 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Barbara A Burke — Barbara A. Burke, Special Assistant Secretary — 5.2.08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD ELLMAN, JACOB L 730 WEST MCNAB ROAD FORT LAUDERDALE, FL 33309	☒ Delete	CEO TONY SMITH 6434 NW 5TH WAY FORT LAUDERDALE, FL 33309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ELLMAN, NEIL 730 W. MCNAB ROAD FT. LAUDERDALE, FL 33309	☒ Delete	VP DAN HIGE 6434 NW 5TH WAY FORT LAUDERDALE FL 33309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ELLMAN, LANCE 730 W. MCNAB ROAD FT. LAUDERDALE, FL 33309	☒ Delete	CFO MIKE CLARK 6434 NW 5TH WAY FORT LAUDERDALE, FL 33309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT SIROP, KEVIN 730 W. MCNAB ROAD FT. LAUDERDALE, FL 33309	☒ Delete	C THOMAS J. ALLISON 6434 NW 5TH WAY FORT LAUDERDALE, FL 33309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KLEIN, PETER W 225 NE MIZNER BOULEVARD, 7TH FLOOR BOCA RATON, FL 33432	☒ Delete	D ROBERT E. LACKEY 6434 NW 5TH WAY FORT LAUDERDALE, FL 33309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROCKWAY, PETER C 225 NE MIZNER BOULEVARD, 7TH FLOOR BOCA RATON, FL 33432	☒ Delete	D JEFFREY W. MAILLET 6434 NW 5TH WAY FORT LAUDERDALE FL 33309	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] mike clark CFO 5/6/08 954-431-1002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5/16a