2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 02, 2000 8:00 am Secretary of State DOCUMENT # P95000037138 1. Entity Name LIGHTHOUSE HEALTH CARE, INC. 03-02-2000 90094 041 ***150.00 Principal Place of Business Mailing Address 20802 BISCAYNE BLVD. 20802 BISCAYNE BLVD. SUITE A SUITE A C0029260 MIAMI FL 33180-1443 MIAMI FL 33180 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite. Apt. #. etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0581143 Not Applicable Country Country \$8.75 Additional 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 LIMOND, MICHAEL L. Street Address (P.O. Box Number is Not Acceptable) 20802 BISCAYNE BLVD. AVENTURA FL 33180 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, 2000 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 LIMOND, LAURETTA P.D. NAME 20802 BISCAYNE BLVD., #A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33180** TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME

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 eath; 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

URETTA LIMOND

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

STREET ADDRESS

CITY-ST-ZIP

305-935-3333