FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 06, 2002 8:00 am Secretary of State DOCUMENT # P95000063421 1. Entity Name 05-06-2002 90060 034 ***150.00 SOLEUS HEALTHCARE SERVICES OF GREATER ORLANDO, I NC. Mailing Address Principal Place of Business 2714 UNION AVE. EXTD. 933 LEE ROAD MEMPHIS TN 38112 # 404 ORLANDO FL 32810 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 52-1939710 Not Applicable Country \$8.75 Additional Zip 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 CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code City 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. (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 \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. CR2E034 (9/01) X Change ☐ Addition D TITLE ACED ☐ Delete TITLE NAME NAME LEIMKUHLER, GERALD J STREET ADDRESS STREET ADDRESS 2714 UNION AVE EXTD CITY-ST-ZIP CITY-ST-ZIP MEMPHIS TN 38112 X Addition ☐ Change TITLE PD X Delete TITLE AS NAME Glen Cavallo NAME MURPHEY, GARY STREET ADDRESS STREET ADDRESS 2714 UNION AVENUE EXTD 2714 Union Avenue Extd. CITY-ST-ZIP Memphis, TN 38112 CITY-ST-ZIP MEMPHIS TN 38112 Change Addition TITLE S Delete TITLE NAME NAME HOLLOWAY, ELIZABETH STREET ADORESS STREET ADDRESS 2714 UNION AVENUE EXTD CITY-ST-7IP CITY-ST-ZIF MEMPHIS TN 38112 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME HOINSKY, ALEXANDER J NAME STREET ADDRESS 2714 UNION AE. EXTD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MEMPHIS TN 38112 ☐ Addition Change ☐ Delete TITLE TITLE NAME MARKE LUSK, RONALD STREET ADDRESS 2714 UNION AE. EXTD. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MEMPHIS TN 38112 ☐ Addition Change TITLE ☐ Delete NAME 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 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

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NEGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NECELIZABETH A. Holloway, Secretary

125/12 454-24

Daytime Phone #
