2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 21, 2000 8:00 am Secretary of State DOCUMENT # P96000000081 1. Entity Name MYLES H. MALMAN, P.A. 03-21-2000 90011 035 ***150.00 Mailing Address Principal Place of Business 12955 BISCAYNE BLVD. STE 202 12955 BISCAYNE BLVD. STE 202 NO. MÍAMI FL 33181-2021 NO. MIAMI FL 33181 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 65-0629200 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COHEN, JEFFREY R Street Address (P.O. Box Number is Not Acceptable) 297 SUNNY ISLES BLVD. NO. MIAMI BEACH FL 33160 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 (NOTE: Registered Agent signature required when reinstating) gnature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition ☐ Delete TITLE TITLE MALMAN, MYLES H NAME NAME STREET ADDRESS STREET ADDRESS 12955 BISCAYNE BLVD., STE #202 CITY-ST-ZIP CITY-ST-7IP NO. MIAMI BEACH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE Jill A. Malman MALMAN, JOET A NAME 12955 BISCAYNE BLVD., STE. 202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NO. MIAMI BEACH FL 33181 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes 1 further certify that the information indicated on this report or supplemental report is frue 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 regiver 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 attachmen with an address with all other like empowered.

SIGNATURE:

FED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR