FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 12, 2002 8:00 am Secretary of State P96000038817 DOCUMENT # 1. Entity Name DIANA M. BRIDGES, M.D., P.A. 05-12-2002 90569 005 ***150.00 Principal Place of Business Mailing Address 3459 WOOLBRIGHT RD 3459 WOOLBRIGHT RD **BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0656760 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROBERTS FRIC V Street Address (P.O. Box Number is Not Acceptable) ROBERTS. ERIC V 11211 S MILITARY TRAIL #3821 BOYNTON BEACH FL 33436 City DELRAY BEACH 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 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. (10/6)CP TITLE TITLE ☐ Delete M. BRIDGES BRIDGES, DIANA M NAME DIANA NAME CR2E034 13415 BARWICK RD 11211 S. MILITARY TR. #3821 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33463** CITY-ST-ZIP DELRAY BCH, FL 33445 CITY-ST-ZIE Addition TITLE VTS ☐ Delete TITLE NAME ROBERTS, ERIC V NAME ERIC V ROBERTS 13415 BARWICK RO STREET ADDRESS STREET ADDRESS 11211 S. MILITARY TR #3821 CITY-ST-ZIP **BOYNTON BEACH FL 33463** CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME = NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIANA M. BRIDGES, M.D., P.A. 4-23-2

Daytime Phone