2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000046806

Entity Name

WORLD MEDICAL ENTERPRISES, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
16TH AVE TREATMENT CENTER D-114 FL 33136	5661 PINE TREE DRIVE MIAMI BEACH, FL 33140

DO NOT WRITE IN THIS SPACE 5/10/00 90183 004 $158.75

Principal Place of Business	3. Mailing Address
	1111 BRICKELL BAY DRIVE
Suite, Apt. #, etc	Suite, Apt. #, etc APT. #1502
City & State	City & State MIAMI, FL
Country	Zip: 33131 / Country: U.S.

4. FEI Number 65-0671293 ☐ 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
MIETHE, FEDERICO 9457 PALM CIRCLE SOUTH PEMBROOKE PINES, FL 33025	Name: PALOMO, LOURDES Street Address (P.O. Box Number is Not Acceptable): 60 S. PROSPECT DRIVE City: CORAL GABLES FL Zip Code: 33133

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: [signature] LOURDES PALOMO 4/21/00

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

8. If corporation is eligible to satisfy its intangible tax requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
P MENDEZ, MARIO A 5661 PINE TREE DRIVE MIAMI BEACH FL 33140-2149 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: P MENDEZ, MARIO A 1111 BRICKELL BAY DRIVE, #1502 MIAMI, FL 33181 ☑ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (9999)

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 above or on an attachment with an address, with all other like empowered.

KE

SIGNATURE: Mario A. Mendez MARIO A. MENDEZ 4/21/00 (305)585-5956

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