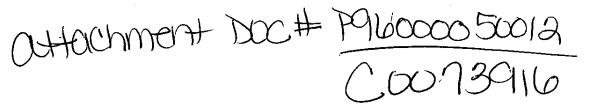
2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P96000050012 1. Entity Name SOUTH FLORIDA LIFELINE, INC.				Secretary of State 07-24-2001 90017 035 ***150.00			
Principal Place of Business 3915 BISCAYNE BLVD 4TH FLOOR MIAMI FL 33137 US		Mailing Address PO BOX 379006 MIAMI FL 33137 US					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4269 S W 157 c† Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		MIAMI, FC City & State		4. FEI Number 65-0694741 Applied For Not Applicable			
Zip	Country	Zip 33/85	Country USA	5. Certificate of Status Desired	\$8.75 Addi	itional	
	6. Name and Address of Current R	egistered Agent	- Name	7. Name and Address of New Register	ed Agent		
MURAI, WALD, BIONDO & MORENO, P.A. 25 S.E. 2ND AVENUE SUITE 900				Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33131			City		Zip Code		
8 The above	named entity submits this statement for	the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida.	<u> </u>	-	
9. This corporate filing	Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so.	d title if applicable. (NOTE FILE NOW! After September 12	E: Registered Agent signature required II FEE IS \$550.00 II Fee will be \$750 Il to Department of Sta	and when reinstating) DAT D. Election Campaign Financing Trust Fund Contribution	\$5.00	O May Be to Fees	
11.	OFFICERS AND D	PIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOHAMAD, FELICIANO 4269 SW 157 CT MIAMI FL 33185	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Mohamad, Lucia 4269 SW 157 CT Miami Fl 33185	· 🔲 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
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indicated	on this report or supplemental report is t	rue and accurate and that m	ny sianature shall have the	Section 119.07(3)(i), Florida Statutes. I further a same legal effect as if made under oath; tha 07, Florida Statutes; and that my name appea	at I am an officer o	or director	



July 17, 2001

Uniform Business Report P.O. Box 1500 Tallahassee, Fl 32302-1500

Gentlemen:

Enclosed please find check # 1619, for \$150.00.

We did not receive the first form in May. The attached one was the first we received. I called and the Customer Service person told me to send the \$150 with an explanation.

Sincerely,

Lucia Mohamad

Secretary

South Florida Lifeline