2001	UNIFORM BUSI	?)	FILE	D						
DOCUMENT # P9600064567 1. Entity Name ASTROPATH, INC.						Apr 25, 2001 08:00 AM Secretary of State				
Principal Place 3200 N FED HV STE 206-18 BOCA RATON 33431	WY	Mailing Address 3200 N FED HWY STE 206-18 BOCA RATON 33431	us	FL						
2. Principal P	lace of Business at Highway	3. Mailing Address 1730 S. FEDERAL HIGHWAY								
Suite, Apt. #179	·	Suite, Apt. #, etc. #179				DO NOT WR	ITE IN THIS SPA	ACE	–	_
City & State	CH FL	City & State DELRAY BEACH	<u> </u>	FL		FEI Number 55-0685001		No	plied For t Applicable	
Zip 33483	Country Us 6. Name and Address of Current F	Zip 33483	Coun	try		Certificate of Status Desired	□ Fe	3.75 Add e Required		
	o. Name and Address of Carrent	Registered Agent		Name		Name and Address of New	Registered Ag	ent		4
BERMAN	LEONARD	•		BERMAN	N LE	ONARD				
3200 N FED HWY STE 206-18 BOCA RATON FL					idress (P.O. EDERAL H	Box Number is Not Acceptable IGHWAY	e)			_
BOCA RAT	US US	u		#179 City			FL	Zip Code	- <u>.</u>	-
8. The above	named entity submits this statement for	the purpose of changing its re	egistere	DELRAY ed office or		gent, or both, in the State of F		33483		-
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable, (NOTE:	Registered	I Agent signatur	re required wher	reinstating)	- 04/25/2	001	<u> </u>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Tax file NOW!!! FILE NOW!!! After MAY 1, 2001 Make Check Payable			FEE Fee	IS \$150.0 will be \$5	00 50.00	10. Election Campaign Fi	nancing	\$5.00 Added	May Be to Fees	
11.	OFFICERS AND I	DIRECTORS	12.		A	DDITIONS/CHANGES TO OF	FICERS AND D	IRECTORS	IN 11	1
TITLE NAME STREET ADDRESS	D BERMAN LEONARD 6499 NE 7TH AVE 4	☐ Delete	TITLE NAME STRE		D BERMAN	LEONARD DERAL HIGHWAY #179	Ď	Change	☐ Addition	034 (11/00)
CITY-ST-ZIP	BOCA RATON	FL 33487	CITY	ST-ZIP	DELRAY			483	<u>~</u>	711
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ¸] Change	☐ Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete] Change	☐ Addition	7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. =	☐ Delete			""		<u> </u>] Change	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					Ε] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-	ET ADDRESS ST-ZIP] Change	Addition	
of the cor	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emporation attachment with an address, we	wered to execute this report as	cumat	iire shaii ha	iva ina com	a leggi ettect se it made under	anthuthat Lam	an officer	ar director	
SIGNAT		RINTED NAME OF SIGNING OFFICER OF	R DIRECT	OR		D 04/25/2001 .	Daytı	me Phone #		