2002 UNIFORM BUSINESS REPORT (UBR)

May 08, 2002 8:00 am Secretary of State P96000070638 DOCUMENT # 1. Entity Name ATLANTIC OB/GYN, INC. 05-08-2002 90116 025 ***150.00 Principal Place of Business Mailing Address P.O. BOX 7716 5350 10TH AVE. N JUPITER FL 33468 #8 LAKE WORTH FL 33463 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City-& State City & State 4. FEI Number Applied For 65-0693651 Not Applicable -- ~Zip Country Żip Country \$8.75 Additional -5. Certificate of Status Desired-Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GORDON, SAMUEL SINGH A DR Street Address (P.O. Box Number is Not Acceptable) 5350 10TH AVE. N #8 LAKE WORTH FL 33463 City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State ·11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NAME GORDON, SAMUEL SINGH A NAME STREET ADDRESS 5350 10TH AVE. N. #8 STREET ADDRESS CITY-ST-7IP LAKE WORTH FL 33463 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition .NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

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Daytime Phone #

13. Thereby 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 SIGNATURE:

ICER OR DIRECTOR