FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 24, 2001 8:00 am DOCUMENT # P 960000 91301 Secretary of State HEALGRANGE LIMITED INC 05-24-2001 90492 043 ***150.00 Principal Place of Business Mailing Address 4150 KINGS STREET 4150 KINGS STREET COCOA FLORIDA LOCOA FLORIDA FL 32 126-4166 3. Mailing Address 553858 FL 32926 2. Principal Place of Business Suite, Apt. # etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3410805 Not Applicable Zip Country Zip 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 KRISHAN C CHHA BRA 4150 KINGS STREET Street Address (P.O. Box Number is Not Acceptable) COCOA, FL 32926 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its egistered 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) FILE NOW! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filling requirement and elects to do so: After MAY 1, 200 Fee will be \$550.00 __ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payabl to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE ☐ Delete Change ☐ Addition TIFLE MAME NAME CHHABRA KRISHAN C STREET ADDRESS STREET ADDRESS HISO KINGS STREET COCOA FLORIDA FL 31926 CiTY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TIFLE ☐ Addition NAME NAME CHHABRA ANJALI STREET ADDRESS STREET ADDRESS 4150 KINGS STREET CITY-ST-ZIP CITY-ST-ZIP COCOA FLORIDA FL 32926 TITLE ☐ Delete TIFLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 111116 ☐ Delete TITLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS (ITY-SI-ZIP CITY-ST-ZIP HILE □ Delete TIME ☐ Change □ Addition NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filing does not qualify for

indicated on this report or supplemental report is true and accurate and that most the corporation or the receiver of traffice empowered to execute this report a changed, or on an attachment will appropriate with all other like empowered.

ne exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

KRISHAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O DIRECTOR

5/20/0/ 3216325721 Daylime Phone #

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