2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 01, 2001 8:00 am DOCUMENT # P970000291 1. Entity Name **Secretary of State** P.A. HEALTH CARE, INC. 03-01-2001 90016 033 ***150.00 Principal Place of Business Mailing Address 7983 WEST 34TH LANE 7983 WEST 34TH LANE HIALEAH FL 33018 HIALEAH FL 33018 627900 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 65-0748417 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 PRADO, JULIO Street Address (P.O. Box Number is Not Acceptable) 7983 WEST 34TH LANE HIALEAH FL 33018 City Zip Code 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD ☐ Delete TITLE ☐ Change Addition PRADO, JULIO NAME NAME STREET ADDRESS 7983 WEST 34TH LANE STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33018 CITY-ST-ZIP STD TITLE ☐ Delete TITLE ☐ Change Addition PRADO, GRICELL T NAME NAME STREET ADDRESS 7983 WEST 34TH LANE STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33018 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: _

SIGNATURE AND TYPED OR PE

D NAME OF SIGNING OFFICER OR DIRECTOR