2000 HAIRODM BUSINESS DEDORT (LIRE

DOCUMENT # P9700003202 1. Entity Name PALM IMAGING, INC.						Mar 27, 2000 8:00 am Secretary of State 03-27-2000 90076 035 ***150.00					
Principal Place	e of Business	Mailing Address									
6240 CONGRESS AVENUE #G6		6240 CONGRESS AVENUE #G6									
LANTANA FL		LANTANA FL 33462-2354				1 1 06 11 88 1 (18)0111 18 0 11		2986	-	18 (188) (88)	
2. Principal Place of Business		3. Mailing Address								(2) (0) (0) (0) (0) (0)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				N OO	OT WRITE I	IN THIS SPA	CE		
City & State		City & State				4. FEI Number 65-0	739209		 	olied For t Applicable	
Zip	Country	Zip	Count	ry		5. Certificate of Status D	esired		.75 Addi		
	6. Name and Address of Current R	egistered Agent			1	7. Name and Address of	of New Reg				
Name											
1818	Be, Lawrence u esquire S. Australian ave., #400 T Palm Beach Fl 33409			Street Addres	is (P	O. Box Number is Not Ac	ceptable)	·			
				City				FL	Zip Code		
8. The above	named entity submits this statement for	the purpose of changing its	registere	d office or regis	stere	d agent, or both, in the St	ate of Florid	a.			
SIGNATURE.	Signature, typed or printed name of registered agent an		: Registered	I Agent signature requ	beniu	then reinstating)		DATE	· <u></u>		
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!! After MAY 1, 200 Make Check Payabl	O Fee v	will be \$550.00		10. Election Cam Trust Fund Co		cing		May Be to Fees	
11,	OFFICERS AND D	RECTORS	12.		ļ	ADDITIONS/CHANGES	TO OFFICE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Taube, Lawrence u Esquire 1818 S. Australian Ave., #400 West Palm Beach Fl 33409	☐ Delete		l l	j] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l					Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE] Change	Addition	
indicated of the cor	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empoy, or on an attachment with an address.	rue and accurate and that makers are to execute this report is	ny signat as requir	ure shall have ti	neis	ame legal effect as it mad Florida Statutes; and that	e under oati my name a	n; that I am i ppears in Bl	an officer of lock 11 or	Block 12 if	
SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					\dashv	3 - 12 Date	-00	(DOI)	0 4 1 ne Phone #	-1444	