FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 01, 2002 8:00 am Secretary of State **DOCUMENT #** P97000010878 1. Entity Name 05-01-2002 91569 032 ***150.00 SIGMA HEALTH CARE, INC. Principal Place of Business Mailing Address 7777B NORTH DAVIE RD. EXT., STE. 107B 7777B NORTH DAVIE RD. EXT., STE. 107B HOLLYWOOD FL 33024 HOLLYWOOD FL 33024 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 65-0723569 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 QUINLAND, JOAN Street Address (P.O. Box Number is Not Acceptable) 18455 N.W. 9TH CT. PEMBROKE PINES FL 33029 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, 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П 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 QUINLAND, JOAN NAME NAME 18455 N.W. 9TH CT. STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33029 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby certify that the information supplied with this filling 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 attackment with an address, with another like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR