FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jun 27, 2002 8:00 am Secretary of State DOCUMENT # P97000016827 1. Entity Name 05-22-2002 90263 010 ***150.00 EPIRAD, INC. Mailing Address Principal Place of Business 4708 BANYON LANE 4708 BANYON LANE TAMARAC FL 33319 TAMARAC FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0738133 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired ___ D __ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FERGUSON, JOHNATHAN A 1600 S. FEDERAL HIGHWAY SUITE 200 FT. PIERCE FL 34950-5194 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. (HOTE, Registered Agent signature required when reinstating) Signature, typed or c FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Peyable to Department of State 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) ☐ Change Addition TITLE ☐ Delete THIE NAME NAME HILL, JOHN 4400 COUNTRY CLUB DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DICKINSON TX 77539-7620** Addition [Change TITLE ☐ Delete HILE WOODY, RONALD H NAME STREET ADDRESS 1701 GULFSTREAM AVE #729 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **FORT PIERCE FL 34949** Delete -THLE - Fil-Change Addition NAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP Defete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change 🔲 Addition ☐ Delele THTLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP Change Addition TITLE ☐ Defele DIDE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

ORIDA SKIN CANCER CENTERS Attach					
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