LII LD

DOCUMENT # P97000019079 1. Entity Name RENAISSANCE HEALTH, INC.						Mar 20, 2000 8:00 am Secretary of State 03-20-2000 90126 010 ***150.00			
Principal Place of Business 5838 COLLINS AVE. #15 E MIAMI BEACH FL 33140		5838 ÇO	Mailing Address 5838 COLLINS AVE. #15 E MIAMI BEACH FL 33140-2230					740JJI	
Principal Place of Business Suite, Apt. #, etc.		<u> </u>	3. Mailing Address Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State			City & State			FEI Number	65-0733467	Ar	oplied For
Zip	Country 6. Name and Address of Current	Zip		Country			Status.Desired_	\$8.75 Add Fee Require	litional d
GARRIGA, ILIANA 5838 COLLINS AVE. #15 E MIAMI BEACH FL 33140				Name Street Addre	ess (P.O. I	ss (P.O. Box Number is Not Acceptable) FL Zip Code			
9. This corporate filling re (See criter	Signature, typed or printed name of registered agent in cration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	and ution obpid	FILIE NOW!!! After MAY 1, 2000	Registered Agent signature FEE IS \$150.00 Fee will be \$550. To Department of	oquired when	reinstating) 10. Electic Trust F	on Campaign Finance	DATE STORY	0 May Be
TITLE NAME STREET ADDRESS CITY-SI-ZIP	OFFICERS AND PD GARRIGA, ILIANA 5838 COLLINS AVE. #15 E MIAMI BEACH FL 33140	DIRECTOR	Delete	112. TITLE NAME STREET ADDRESS CITY-ST-ZIP	A	<u>DDITIONS/CH</u>	ANGES TO OFFICE	RS AND DIRECTOR	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY - ST-ZIP			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition

2000 UNIFORM BUSINESS REPORT (UBR)

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:

1861-1013