2001 UNIFORM BUSINESS REPORT (UBR) FILED SECRETARY OF STATE DOCUMENT # P97000026872 TALLAHASSEE, FLORIDA 1. Entity Name AMERICAN PIONEER SENIOR HEALTH DIVISION, INC 01 MAY 17 PM 2: 23 Principal Place of Business Mailing Address 2536 Countryside Blvd 2536 Countryside Blvd 4th Floor 4th Floor Clearwater FL 33763 Clearwater FL 33763 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For Not Applicable 59~3453227 Country Zip Zio 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 Thornton, R. Maury Street Address (P.O. Box Number is Not Acceptable) 2536 Countryside Blvd 6th Floor Clearwater FL 33763 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) FILE NOW!!! FEE IS \$150.00 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. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. AST Change ☐ Addition Delete TITLE TITLE PD Boesch, Kenneth W III NAME NAME Boesch, Gary R. STREET_AHORESS STREET ADDRESS 2536 Countryside Blvd 4th Floor 2536 Countryside Blvd 6th Floor CITY STEAP CITY-ST-ZIP Clearwater FL 33763 Clearwater FL 33763 ☐ Change ☐ Addition TITLE TITLE NAME MAME 800004421538---06/15/01--01018--006 Boesch, Kenneth W III STREET ADDRESS STREET ADDRESS 2536 Countryside Blvd: 4th Floor CITY-ST-ZIP CITY-ST-ZIP Clearwater FL 33763 ******61.25 一类素素**651.25000 TITLE TIBE NAME NAME North, Timothy O STREET ADDRESS STILLET NOON CITY-ST-ZIP 2536 Countryside Blvd 6th Floor CITY-ST-ZIP Clearwater FL 33763 ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-CT-ZIP CITY-ST-ZIP ☐ Addition TITLE; ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 truetee empowered is execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if ripowered to execute this report iss, with all other like empowered. changed, or on an attachma 727-726-0726

SIGNATURE:

TIMOTHY O. NORTH.