2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P97000047957 A SENSIBLE SOLUTION DURABLE MEDICAL EQUIPMENT CO 04-26-2001 90138 016 ***150.00 Principa: Place of Business Mailing Address 4119 GUNN HIGHWAY POST OFFICE BOX 982 ODESSA FL 33556 SUITE 20B TAMPA FL 33624 2. Principal Piace 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 59-3451004 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PLATTEIS, GARY S Street Address (P.O. Box Number is Not Acceptable) 4119 GUNN HWY STE 20B 22 TAMPA FL 33624 Zin Code City 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PTD ☐ Change Addition TITLE ☐ Delete TITLE PLATTEIS, GARY S NAME 4119 GUNN HWY STE 20B 22 STREET ADDRESS STREET ADORESS CITY-ST-ZIP **TAMPA FL 33624** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition PLATTEIS, JACOB D NAME 4119 GUNN HWY STE 20B 22 STREET ADDRESS STREET ADDRESS **TAMPA FL 33624** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE PLATTEIS, JENNIE NAME NAME STE 20B 2 2 4119 GUNN HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33624 CITY-ST-ZIP TUTLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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 an other like information.

STREET ADORESS CITY-ST-ZIP

SIGNATURE:

TITUE NAME STREET ADDRESS

Gary Platteis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/18/2001

Date

813-269-8049

☐ Change

Addition

Daytime Phone #

CR2E034 (10/00)