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FROM : BRADESCO HEALTH SERVICE FAX NO. : 305 3779332

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90992 015 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007988

1. Entity Name
BRADESCO INTERNATIONAL HEALTH SERVICE, INC.

Principal Place of Business	Mailing Address
501 BRICKELL KEY DRIVE STE. 400 MIAMI FL 33131	501 BRICKELL KEY DRIVE STE. 400 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0814062 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SLOSSBERGAS, NELSON BRICKELL BAY DRIVE TOWER 1001 BRICKELL BAY DRIVE, SUITE 2910 MIAMI FL 33131-1903	Name: NS corporate services inc. Street Address (P.O. Box Number is Not Acceptable): 501 Brickell Key Dr., Suite 400 City: miami FL Zip Code: 33131

8. The above named entity submits this statement for the purpose of change(s) its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: If a business agent, signature required when changing)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See attached) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, P VIANNA, EDUARDO B 501 BRICKELL KEY DRIVE STE. 400 MIAMI FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GALVÃO, SÉRGIO AZOURY 501 Brickell Key Drive, Suite 400 Miami, Florida 33131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, Executive VP, S DA SILVA, JORGE E 501 BRICKELL KEY DRIVE STE. 400 MIAMI FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORIOLANO, MÁRCIO SEROA A. 501 Brickell Key Drive, Suite 400 Miami, Florida 33131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TORRES, CESAR A 501 BRICKELL KEY DRIVE STE. 400 MIAMI FL 33131	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, VP, T AFFONSO, RICARDO SAAD 501 Brickell Key Dr., Suite 400 Miami, Florida 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOUZA, DANTON MAGALHÃES DE 501 Brickell Key Drive, Suite 400 Miami, Florida 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOMES JR., HERACLITO DE BRITO 501 Brickell Key Drive, Suite 400 Miami, Florida 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

X SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING EMPLOYER OR DIRECTOR — Date — Daytime Phone #