2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011768

1. Entity Name

MEDICAL OPPORTUNITY RESOURCES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State
05-01-2000 90441 044 ***150.00

Principal Place of Business	Mailing Address
7301 73RD WAY WEST PALM BEACH FL 33407	7301 73RD WAY WEST PALM BEACH FL 33407-6732

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1897 Palm Beach Lakes Blvd	1897 Palm Beach Lakes Blvd
Suite, Apt. #, etc.: Suite 120	Suite, Apt. #, etc.: Suite 120
City & State: West Palm Beach FL	City & State: West Palm Beach
Zip: 33409 Country: USA	Zip: 33409 Country: USA

4. FEI Number: NOT APPLICABLE ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

JASSENOFF, DAVID S
7301 73RD WAY
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name: David Jassenoff
Street Address (P.O. Box Number is Not Acceptable): 1897 Palm Beach Lakes Blvd
Suite 120
City: West Palm Beach FL Zip Code: 33409

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: David Jassenoff — 24APR00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 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	PD HABEX, AUDREY PHD 1897 PALM BEACH LAKES BLVD., #120 WEST PALM BEACH FL 33409 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Haber, Audrey PhD ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JASSENOFF, DAVID 1897 PALM BEACH LAKES BLVD., #120 WEST PALM BEACH FL 33409 ☐ 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
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CR2E034 (9/99)

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: David Jassenoff — 24APR00 — 561-689-0606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #