2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 04, 2000 8:00 am Secretary of State DOCUMENT # **P98000058040** 1. Entity Name WRMC I MEDICAL EQUITY CORPORATION 05-04-2000 90091 025 ***150.00 Principal Place of Business Mailing Address 222 LAKEVIEW AVE 222 LAKEVIEW AVE 17TH FLOOR 17TH FLOOR WEST PALM BEACH FL 33401-6150 WEST PALM BEACH FL 33401 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0848665 Not Applicable Country Zip Country Zip \$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 REGSERV CORP Street Address (P.O. Box Number is Not Acceptable) 222 LAKEVIEW AVE 17TH FLOOR WEST PALM BEACH FL 33401 Zip Code City anging its registered office or registered agent, or both, in the State of Florida. 8. The above Regsery Corp. (NOTE: Registered Agent signature required when reinstating) Mark Nussbaum, Vice President 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so 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 12. 11. ☐ Addition DPC Change ☐ Delete TITLE TITLE RENDINA, BRUCE A NAME NAME STREET ADDRESS 222 LAKEVIEW AVE, 17TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WEST PALM BEACH FL ☐ Addition Change ☐ Delete TITLE TITLE DISALVO, PATRICK NAME NAME STREET ADDRESS 222 LAKEVIEW AVE, 17TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL ☐ Addition Change ☐ Delete TITLE TITLE JURAN, LAWRENCE B NAME NAME STREET ADDRESS STREET ADDRESS 222 LAKEVIEW AVE, 17TH FLOOR CITY-ST-7IP CITY-ST-ZIP WEST PALM BEACH FL T Change ☐ Addition ☐ Delete TITI F NAME STRACHAN, DAVID M NAME 222 LAKEVIEW AVE, 17TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WEST PALM BEACH FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 experimental 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 trouble 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 attackment with an appears, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

DITYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR