2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 21, 2000 8:00 am Secretary of State DOCUMENT # P98000065612 AMERICAN MEDICAL MARKETING ASSOCIATES, INC. 03-21-2000 90078 004 ***150.00 Principal Place of Business Mailing Address 2655 N. OCEAN DR 2655 N. OCEAN DR STE 410 STE 410 SINGER ISLAND FL 33404-4752 SINGER ISLAND FL 33404 U\$ 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite: Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0859894 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROSSOW, GERALD Z Street Address (P.O. Box Number is Not Acceptable) 8636 Falcou 10995 SE FEDERAL HIGHWAY HOBE SOUND FL 33455 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. Te5 SIGNATURE (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, 2000 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITI F ☐ Delete HUTTON, JAMES R NAME NAME 4521 PGA BOULEVARD, SUITE 250 STREET ADDRESS STREET ADDRESS CITY-ST-7IP PALM BEACH GARDENS FL 33418 Addition ☐ Delete TITLE Susan Hutton 8636 Folcon Green Dr. West Palm Beach, Fb. 33412 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS Palm Beach Gordens FL. 33418 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 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:

SONATURE AND TYPED OR PRINTED NAME OF SIGNING

Pres

3-15-00

561-611-7044

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Daytime Phone #