2000 UNIFORM BUSINESS REPORT (UBR) FILED May 10, 2000 8:00 am Secretary of State DOCUMENT # P98000080115 NATION SENIOR CARE, INC. 05-10-2000 90091 050 ***150.00 Mailing Address Principal Place of Business 431 N.W. 82 AVE.,#919 101 N.W. 82 AVE..#919 (DUU 8440) MIAMI FL 33126 MIAMI FL 33126-8352 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 65-0863538 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOUZA, VIVIAN-R-Street Address (P.O. Box Number is Not Acceptable) 431 N.W. 82 AVE.,#919 **MIAMI FL 33126** Zip Code City FL ment for the parpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity sub SIGNATURE ited 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 FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition Delete TITLE TITLE VALDEZ, ROLANDO NAME STREET ADDRESS STREET ADDRESS 431 N.W. 82 AVE., #919 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE 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-ZIE CITY-ST-ZIP ☐ Addition [7] Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

Date

Daytime Phone #

SIGNATURE:

IGNINUE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR