2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
05-04-2000 90183 025 ***150.00

DOCUMENT # P98000090572

1. Entity Name

HUNTLEIGH HEALTHCARE LATIN AMERICA, INC.

Principal Place of Business	Mailing Address
C/O PERLMAN & ASSOCIATE 799 BRICKELL PLAZA SUITE 900 MIAMI FL 33131	C/O PERLMAN & ASSOCIATE 799 BRICKELL PLAZA SUITE 900 MIAMI FL 33131-2805

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o GEORGE D.PERLMAN,P.A	c/o GEORGE D.PERLMAN,P.A.
Suite, Apt. #, etc. Suite 3000 701 Brickell Avenue	Suite, Apt. #, etc. Suite 3000 701 Brickell Avenue
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33131 Country: U.S.A.	Zip: 33131 Country: U.S.A.

4. FEI Number 65-0877462 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PERLMAN & ASSOCIATE, P.A.
799 BRICKELL PLAZA
SUITE 900
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: GEORGE D. PERLMAN, P.A.
Street Address (P.O. Box Number is Not Acceptable): 701 Brickell Ave., Suite 3000
City: Miami, FL Zip Code 33131

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 [signature] George D. Perlman, President DATE 4/5/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PTS CRISTOBAL, JOE C/O 799 BRICKELL PLAZA, STE. 900 MIAMI FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTS CRISTOBAL, JOE c/o George D. Perlman, P.A. 701 Brickell Ave., Suite 3000 Miami, Florida 33131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATTERSON, DERMOT C/O PERLMAN & ASSOCIATE MIAMI FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATTERSON, DERMOT c/o George D. Perlman, P.A. 701 Brickell Ave.,Suite 3000 Miami, Florida 33131	☒ 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: [signature] Joe Cristobal, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #