FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90101 013 ***150.00

DOCUMENT # P98000101874

1. Entity Name
TRANSPARENT PATIENT TECHNOLOGIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
420 ESPANOLA WAY	12555 BISCAYNE BLVD
Suite, Apt. #, etc. MARCEL GALLERY	Suite, Apt. #, etc. 880
City & State MIAMI BEACH FL	City & State MIAMI, FL
Zip 33139 Country USA	Zip 33181 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65 1012035 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name HOWARD LEVINE

Street Address (P.O. Box Number is Not Acceptable) 900 16TH ST APT 208

City MIAMI BEACH FL Zip Code 33139

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 Howard Levine SECRETARY 4/11/02
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) X

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PRESIDENT
NAME	BERNT NORDIN
STREET ADDRESS	420 ESPANOLA WAY
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	SECRETARY
NAME	HOWARD LEVINE
STREET ADDRESS	900 16TH ST. #208
CITY-ST-ZIP	MIAMI BEACH FL 33139
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Howard Levine 4/11/02 305 322-5697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #