2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # **P98000104957** Aug 10, 2000 8:00 am 1. Entity Name Secretary of State OH. INC. 08-10-2000 90010 012 ***550.00 Principal Place of Business Mailing Address 5601 N DIXIE HWY STE 411 5601 N DIXIE HWY STE 411 FT LAUDERDALE FL 33334 FT LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address 1000 NE 56th Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0884596 Fort Lauderdale, Florida Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П 33334 U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Gary C. Matzner COLEMAN, GAYLE Street Address (P.O. Box Number is Not Acceptable) 2255 GLADES RD STE 340W **BOCA RATON FL 33431** City Fort Lauderdale 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD TITLE Delete TITLE NAME NORIEGA, RUDY NAME Noriega, Rudy STREET ADDRESS STREET ADDRESS 1000 NE 56th Street 5601 N DIXIE HWY STE 411 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33334 Fort Lauderdale, FL 33334 Delete ☐ Addition TITLE √☐ Change TITLE MATZNER, GARY NAME NAME Matzner, Gary STREET ADDRESS STREET ADDRESS 5601 N DIXIE HIGHWAY, STE 411 1000 NE 56th Street CITY-ST-7IP CITY-ST-ZIP FT LAUDERDALE FL 33334 Fort Lauderdale, FL Delete TITLE ☐ Change Addition RODRIGUEZ, CECILIO N NAME NAME Doyle R.-Campbell, M.D.--STREET ADDRESS 5601 N DIXIE HIGHWAY, STE 411 STREET ADDRESS 1000 NE 56th Street CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33334 Fort Lauderdale, FL 33334 TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 the empowered.

SIGNATURE: SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Of SIGNING OFFICER OR DIRECTOR