

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90015 011 \*\*\*150.00

**DOCUMENT #** P 99000002164

1. Entity Name

LION EXECUTIVE GROUP, INC.

**DO NOT WRITE IN THIS SPACE**

80093690

2. Principal Place of Business

201 S. Biscayne Blvd.

3. Mailing Address

201 S. Biscayne Blvd.

Suite, Apt. #, etc.  
Suite 2000

Suite, Apt. #, etc.  
Suite 2000

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33131

Country

USA

Zip

33131

Country

4. FEI Number

65-0899276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Marc H. Auerbach, Esq.

Street Address (P.O. Box Number is Not Acceptable)

201 S. Biscayne Blvd,

Suite 2000

City

Miami

FL

33131

**DO NOT WRITE  
IN THIS SPACE**

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 relinquishing)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

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 DPST  
NAME Max Benjamin, M.D.  
STREET ADDRESS 777, 17th Street, Suite 300  
CITY-ST-ZIP Miami, FL 33139

TITLE VPS  
NAME Alfredo Sanchez-Fortis, M.D.  
STREET ADDRESS 1190 N.W. 95th Street, #107  
CITY-ST-ZIP Miami, Florida 33150

TITLE  
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CITY-ST-ZIP

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TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dayton Payne 4

CR2E034B (12/01)