2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

May 15, 2002 8:00 am Secretary of State P99000009320 DOCUMENT # 1. Entity Name 05-15-2002 90075 021 ***150.00 COMPREHENSIVE NEUROLOGY ASSOCIATES, INC. Principal Place of Business Mailing Address 2151 W. HILLSBORO BLVD. STE. 306 2151 W. HILLSBORO BLVD. STE. 306 DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 í 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1027296 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BECKER, GLENN A Street Address (P.O. Box Number is Not Acceptable) 2151 W. HILLSBORO BLVD. STE. 306 **DEERFIELD BEACH FL 33442** City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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 May 1, 2002 Fee will be \$550.00 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. Delete TITLE ☐ Change ☐ Addition TITLE BECKER, GLENN A NAME NAME 2151 W. HILLSBORO BLVD. STE. 306 STREET ADDRESS STREET ADDRESS **DEERFIELD BEACH FL 33442** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BECKER, KELLY R NAME STREET ADDRESS 2151 W. HILLSBORO BLVD. STE. 306 STREET ADDRESS **DEERFIELD BEACH FL 33442** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

Glenn A. Becker

FILED

May 8, 2002

Department of State Division of Corporations, 409 East Gaines Street Tallahassee, FL 32399

To Whom It May Concern:

Today I spoke with two young ladies in the Division of Corporations, Jo and Agnes, and both informed me that I would not be penalized for late filing of my UBR's for my companies. As I explained to Jo and Agnes, I own several companies and have not filed because the due date coincided with a recent move of my offices. I have enclosed the UBR fees for the following companies:

Advanced Diagnostics Group, Inc American Health Partners, LLC Comprehensive Neurology Associates, Inc. Corporate Health of America, LLC International Institute of Sleep, Inc. Medical Development Solutions, LLC Solo International, Inc.

Thank you so much for your attention to my companies. Please call me if you have any questions.

Sincerely,

Glenn A. Becker

CEO

GAB/nel