2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000046881 Apr 17, 2000 8:00 am Secretary of State SOUNDCARE DIAGNOSTICS, INC. 04-17-2000 90090 038 ***150.00 Mailing Address Principal Place of Business 12000 BISCAYNE BLVD SUITE 400 12000 BISCAYNE BLVD SUITE 400 NORTH MIAMI FL 33181-2720 NORTH MIAMI FL 33180 2. Principal Place of Business 3. Mailing Address 3129 W. HALLANDALF Beach Blu 3129 W. Hallon DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 106-1A City_& State Applied For 4. FEI Number City & State Park 65-092 1315 Pembroke Not Applicable embruke \$8.75 Additional 5. Certificate of Status Desired \square 3009 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RABINOWITZ, ROBERT Street Address (P.O. Box Number is Not Acceptable) 3129 W. Hallandale Beach 12000 BISCAYNE BLVD SUITE 400 **NORTH MIAMI FL 33180** Zip Code <u>२ २००५</u> 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 DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Delete TITLE Addition TITLE RABINOWITZ, ROBERT NAME NAME RABININITZ, ROBERT 12000 BISCAYNE BLVD SUITE 400 STREET ADDRESS STREET ADORESS 3129 W. Hallandole Beach Blud CITY-ST-ZIP CITY-ST-7IP NORTH MIAMI FL 33180 PEMBROKE PARK FL 31009 TITLE ☐ Change Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P 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 of supplier tental 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 of trustree employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

an **l**addre

changed, or on an attachment with

SIGNATURE:

with all other

RE AND TYPED ON PRINTED NAME OF

like empowered

GIGNING OFFICER OR DIRECTOR