2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P99000048489 1. Entity Name BRMG, INC. 4-23-2001 90148 046 ***150.00 Mailing Address Principal Place of Business 2900 NORTH MILITARY TRAIL SUITE 240 2900 NORTH MILITARY TRAIL SUITE 240 BOCA RATON FL 33431 BOCA RATON FL 33431 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 65-0928013 Not Applicable Country Zip \$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 SPRINKLE. PHILIP M II Street Address (P.O. Box Number is Not Acceptable) PHILLIPS POINT-EAST TOWER 777 SOUTH FLAGLER DRIVE SUITE 900 WEST PALM BEACH FL 33401 Zio 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 Signature, typed or printed name of registered agent and title if applicable. DATE (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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. □ Delete TITLE TITLE Charles E Metzger In 2900 N MILITARY TRAIL BOCA RATON FL 33431 CASTELLANOS, JOSE V MD NAME 2900 NORTH MILITARY TRAIL SUITE 240 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** Change Addition ☐ Delete TITLE NAME Johnson, William Jr, MD NAME STREET ADDRESS 2900 NORTH MILITARY TRAIL SUITE 240 STREET ADDRESS CITY-ST-ZIP .-BOCA RATON FL 33431 CITY-ST-ZIP_ Change ☐ Addition TITLE Delete TITLE NAME METZGER, CHARLES E MD NAME STREET ADDRESS 2900 NORTH MILITARY TRAIL SUITE 240 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Addition Delete TITLE Change TITLE CHIE-FOR, BASIL S.H. MD NAME NAME STREET ADDRESS STREET ADDRESS 2900 NORTH MILITARY TRAIL SUITE 240 CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33431** ☐ Change ☐ Addition TITLE Delete TITLE NAME KUBIAK, CAROLYN DO NAME STREET ADDRESS 2900 NORTH MILITARY TRAIL SUITE 240 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** TITLE ☐ Change ☐ Addition □ Delete TITLE NAME WEINER, STANLEY MD NAME STREET ADDRESS STREET ADDRESS 2900 NORTH MILITARY TRAIL SUITE 240 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431**

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 like empowered.

B. A. H. soc. On SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR