2000 UNIFORM BUSINESS REPORT (UBR) FILED Jun 09, 2000 8:00 am DOCUMENT # P91600057367 **Secretary of State** 06-09-2000 90003 023 ***163.75 MEDI-BUILD FACILITIES CORP. Principal Place of Business Mailing Address 16855 N.E. 2ND AVENUE. SUITE 303 CACTATAG N. MIAMI BEACH, FL 33162 3. Mailing Address 2. Principal Place of Business c/o M . POLAKOV P.O.BOX 402037 Suite, Apt. #, etc. 151 CRANDON BLVD. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Applied For KEY BISCAYNE, FL MIAMI BEACH, Not Applicable Country Country 5. Certificate of Status Desired Yes 33149 33140 U.S.A. U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MICHAEL GOLDBERG, CPA Street Address (P.O. Box Number is Not Acceptable) 16855 N.E. 2ND AVE. MIAMI, FL 33162 City Zip Code 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, 2000 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PRES/SECY TITLE TITLE Addition MICHAEL P. POLAKOV NAME NAME STREET ADORESS 151 CRANDON BLVD. STREET ADDRESS CITY - ST - ZIP KEY BISCAYNE, FL 33149 CITY - ST - ZIP TITLE TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TTLE Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE TITLE Delete Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Delete TITLE Addition Change NAME MAME STREET ADORESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Change Addition TITLE Delete 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

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in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. MICHAEL P. POLAKOV 4-28-00 305-532-2000 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

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