ICU INVESTIGATIONS INC. Principal Place of Business Mailing Address AHUCLOUD 4342 WINNER'S CHRCLE. #2923 4342 WINNER'S CIRCLE, #2523 SARASOPA FL 34238 SARASOTA FL 34238 3. Mailing Address 2. Principal Place of Business POST OFFICE BOX 1062 4232 Central SarasotA Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE LWY.# 817 City & State 4. FE! Number Applied For 65-0946818 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 00.0001H 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida SIGNATUR (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, 20 1 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 Payat e to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition CR2E034 (10/00) TITLE HILE ☐ Defete Navanton PriscillA. NAUGHTON, PRISCILLA NAME HAME STREET ADDRESS 4342 WINNER'S CIRCLE, #2923 STREET ADDRESS Central SarasoTA Phwy CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34238 TITLE Change ☐ Addition ☐ Delete TITLE MONTELUSCO, JOHN NAME NAME STREET ADDRESS P O BOX 1062 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OSPREY FL 34229 ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS 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 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE

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 conformation 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 attach

STREET ADORESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064443

1. Entity Name