5 12 x

SIGNATURE: ≤

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 09, 2002 8:00 am Secretary of State

SOBE PEDIATRICS, INC DO NOT WRITE IN THIS SPACE 2. PINCODE Place of Cubities 1.688 WEST. AVENUE 2. Solid April 4 Age 1.10.07 City 3 Solid MIAMI BEACH, FLORIDA 33139 Country 33139 Country 33139 Country 33139 Country 33141 Cou	DOCUMENT # P99000074422				04-09-2002 90737 025 ***158.75			
2. Piniopal Place of Besilness 1688 WEST AVENUE 30ste, Apr. 4, set. 1007 City & States MIAMI BEACH, FLORIDA ATAMI BEACH ATAMI BEACH, FLORIDA ATAMI BEACH ATAMI BE	SOBE PEDIATRICS, INC							
Total Back Figure Surface Su	DO NOT WRITE IN THIS SPACE				B00 61 876			
City & State MIAMI BEACH, FLORIDA To Country 331139 Country To Country T	1688 WEST AVENUE Suite Apt. #, etc.	DRIVE	DO NOT WRITE IN THIS SPACE					
The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. City FL Zip Code	City & State City & State		I, FLORIDA		- - - - - - - - - -			
DO NOT WRITE IN THIS SPACE City FL Zip Code The above named entry submis dissistatement for the curpose of changing its registered differ or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to setisfy its Intangible Tax filing requirement and elects to do so After May 1. Fee its \$150.00 Anter May 1. Fee its \$50.00 A		1 '	Country	5. Certificate of Status Desired Fee Required			ee Required	
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 Spraulur typed or printed memoral registered agent and file of applicable. Popular typed or printed memoral registered agent and restricted agent or both, in the State of Florida. 103/27/02 DAIL 105/18 Registered agent, or both, in the State of Florida. 103/27/02 DAIL 105/18 Registered agent, or both, in the State of Florida. 103/27/02 DAIL 105/18 Registered agent, or both, in the State of Florida. 103/27/02 DAIL 105/18 Registered agent, or both, in the State of Florida. 106/18 Registered agent, or both, in the State of Florida. 106/18 Registered agent, or both, in the State of Florida. 107/18 Registered agent, or both, in the State of Florida. 106/18 Registered agent, or both, in the State of Florida. 106/18 Reg								
SIGNATURE Styte of a priest from on imposend agent and title of applicable. (NOTE Regressed Agent stynature required when remainer) DATE	ina iino or i	City	City FL Zip Code					
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. After May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$51.25 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. ISLAND AVENUE, #2006 11. ISLAND A	8. The above named entity submits this statement for	r the purpose of changing its r	egistered office or regis	tered agent	or both, in the State of Flori	da.		
After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. ISLAND AVENUE, #2006 11. INTE MAME STREET ADDRESS CITY-ST-ZIP 11. Election Campaign Financing Trust Fund Contribution. 11. ISLAND AVENUE, #2006 11. ITLE MAME STREET ADDRESS CITY-ST-ZIP 11. Election Campaign Financing Trust Fund Contribution. 11. INTE MAME STREET ADDRESS CITY-ST-ZIP 11. Election Campaign Financing Trust Fund Contribution. 12. Election Campaign Financing Trust Fund Contribution. 13. Election Campaign Financing Trust Fund Contribution. 14. Election Campaign Financing Trust Fund Contribution. 15. Election Campaign Financing Trust Fund Contribution. 16. Election Campaign Financing Trust Fund Contribution. 17. Election Campaign Financing Trust Fund Contribution.	SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requi	red when reinsta	-	-	2	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	Tax filing requirement and elects to do so.	, Fee is \$550.00 UBR is \$61.25	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS TREET ADDRESS	O. E. #2006	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					
Name	NAME STREET ADDRESS	man managan kang kang kang kang	NAME STREET ADDRESS	<u></u>	DO NOT V	NRIT	TE.	
NAME STREET ADDRESS CITY-S1-ZIP CITYE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS		NAME STREET ADDRESS		IN THIS S	PAC	E	
	NAME STREET ADDRESS		NAME STREET ADDRESS					
STREET ADDRESS 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 officer or director	NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP					