2001 UNIFORM BUSINESS REPORT (UBR) May 19, 2001 8:00 am DOCUMENT # P99000078772 Secretary of State Entity Name 05-19-2001 90284 015 ***150.00 Tetramed Clinical & Diagnostic Centers, Inc. rincipal Place of Business Mailing Address 1313 SW 1st Street 1313 SW 1st Street Miami, FL 33135 Miami, FL 33135 552837 Principal Place of Business 3. Mailing Address N/AN/A Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable 65-0893834 Zip Country \$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 ederico A. Dumenigo 313 SW 1st Street Street Address (P.O. Box Number is Not Acceptable) iami, FL 33135 City Zip Code FL 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. GNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE 19 \$150:00 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 Make Check Payable to Department of Sta (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (11/00) ☐ Delete ☐ Change ★ Addition TITLE Director Director VΕ NAME Federico A. Dumenigo Christopher Depretis EET ADDRESS STREET ADDRESS 1313 SW 1st Street 1313 SW 1st Street r-st-zip CITY-ST-ZIP Miami, FL 33135 Miami, FL 33135 E. Delete ☐ Change ☐ Addition Director Æ NAME Francisco M. Dumenigo STREET ADDRESS EET ADDRESS 1313 SW 1st Street CITY-ST-ZIP Miami, FL 33135 ☐ Change ſ Delete TITLE ☐ Addition NAME STREET ADDRESS EET ADDRESS '-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition £ NAME STREET ADDRESS EET ADDRESS '-\$T-71P CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME EET ADORESS STREET ADDRESS - ST- ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition £ EET ADDRESS STREET ADDRESS CITY ST ZIP I hereby certify that the information supplied with this filling 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 shell 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.

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