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Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Sep 06, 2001 8:00 am Secretary of State DOCUMENT # P99000090597 1. Entity Name NOVENTIS, INC. 09-06-2001 90267 043 ***150 00 Principal Place of Business Mailing Address 5860 MIDNIGHT PASS SUITE 26 5860 MIDNIGHT PASS SUITE 26 SARASOTA FL 34242 SARASOTA FL 34242 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 65-0954958 Not Applicable Zip Country 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 LANGE, VIRGINIA M Street Address (P.O. Box Number is Not Acceptable) 5860 MIDNIGHT PASS SUITE 26 SARASOTA FL 34242 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME LANGE, JANET R NAME STREET ADDRESS 5860 MIDNIGHT PASS, STE 26 STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34242 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ____ Change ____ _ Addition. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Addition Change 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 officer or director of the corporation or the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

NOVENTIS, INC 5053 Ocean Blvd., Ste. 888 Sarasota, Fl 34242-1607

August 29, 2001 Department of State

Dear Sir:

Our business name and address changed in February of 2001. Our old business name was Advanced Diagnostics, Inc. at 5860 Midnight Pass Road, Suite 26, Sarasota, Fl 34242-2118.—Our new business name is _____ Noventis, Inc. and our new address is 5053 Ocean Blvd., Suite 888, Sarasota, Fl 34242-1607. Noventis is operating under the same Tax Id of 65-0954958.

We never received the 1st notice of this fee being due. If we had we would have paid it on time as we did last year. We just received this delinquent report at the new name but the old address. We are asking that you forgive the penalty since we never received the 1st notice, which could have been due to the name and address change.

Thanking you in advance.

Peter Lange President