2001 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # P99000094191 1. Entity Name PHYSICIANS NUTRACEUTICAL LABORATORIES, INC. 05-02-2001 90011 026 ***150.00 Principal Place of Business Mailing Address 3965 INVESTMENT LANE 3965 INVESTMENT LANE WEST PALM BEACH FL 33404 WEST PALM BEACH FL 33404 2. Principal Place of Business 3. Mailing Address 3965 INVESTMENT LANE 3965 Investment Lane Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State. Applied For 4. FEI Number APPLIED FOR Palm Beach, West 65- <u>1052036</u> Not Applicable 33404 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATE CREATIONS ENTERPRISES INC PERRY, MARK C ESQ Street Address (P.O. Box Number is Not Acceptable) 2455 EAST SUNRISE BLVD SUITE 905 FORT LAUDERDALE FL 33304 PGA BLUD. #211 City toll PAUL BEACH GARDIENS Zip Code It for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above fai KANDY A. FERNANDEZ, VICE PRESIDENT SIGNATUR 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, 2001 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CEO ☐ Addition ☐ Delete TITLE TITLE GILL, JEFF NAME NAME 3600 INVESTMENT LANE SUITE 102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33404 ☐ Delete TITLE COB ☐ Addition NAME MUSSO, ANTHONY NAME STREET ADDRESS 3600 INVESTMENT LANE SUITE 102 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33404 CITY-ST-ZIP Change ☐ Addition TITI F ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS

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 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 a other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01 5

561-842-111

Daytime Phone #