2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 AM
Secretary of State

DOCUMENT# P99000099333

Entity Name: BIRTHWELL, INC.

Current Principal Place of Business:

17 BEECHWOOD DRIVE
KEY WEST, FL 33040

New Principal Place of Business:

5450 MACDONALD AVENUE
SUITE 4
KEY WEST, FL 33040

Current Mailing Address:

PO BOX 6616
KEY WEST, FL 33041

New Mailing Address:

FEI Number: 65-0961201 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VALLE, ROBERT
17 BEECHWOOD DR
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

VALLE, ROBERT
5450 MACDONALD AVENUE
SUITE 4
KEY WEST, FL 33040 US

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: 04/21/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: VALLE, ROBERT A
Address: 17 BEECHWOOD DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: VD ( ) Delete
Name: FERRIN, MARIA C
Address: 17 BEECHWOOD DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: SD ( ) Delete
Name: MANOLI, MARI
Address: 17 BEECHWOOD DRIVE
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: VALLE, ROBERT A
Address: 5450 MACDONALD AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: VD (X) Change ( ) Addition
Name: FERRIN, MARIA C
Address: 3426 N. ROOSEVELT AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: SD (X) Change ( ) Addition
Name: MANOLI, MARI
Address: 5450 MACDONALD AVENUE
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT VALLE PD 04/21/2002
Electronic Signature of Signing Officer or Director — Date