2001 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee empoy changed, or on an attachment with an address, y

SIGNATURE AND TYPED OR PRINTED NAME OF SI

May 11, 2001 8:00 am Secretary of State DOCUMENT # P99000102106 CARING PHYSICIANS PLAN, INC. 05-11-2001 90067 044 ***150.00 Principal Place of Business Mailing Address 2600_VAN_BUREN STREET 2600 VAN BUREN STREET HOLLYWOOD FL 33020 11111 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0966114 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GAY, ALIX M.D. Street Address (P.O. Box Number is Not Acceptable) 2600 VAN BUREN STREET HOLLYWOOD FL 33020 City Zip Code FL 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 Fiorida SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) * 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. D TITLE Change ☐ Addition □ Delete TITLE GAY, ALIX NAME NAME STREET ADDRESS 2600 VAN BUREN STREET STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZiP HOLLYWOOD FL 33020 ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director recurrent as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

owered.