2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 18, 2003 8:00 am Secretary of State DOCUMENT # S24368 04-18-2003 90225 012 ***150.00 Entity Name PHYSICIANS ACU-CARE, INC. Principal Place of Business Mailing Address 350 ELDRIDGE AVENUE 350 ELDRIDGE AVENUE SUITE 5 SUITE 5 ORANGE PARK FL 32073 ORANGE PARK FL 32073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3045206 Not Applicable Zip Country 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 CHIN, ROBERT Street Address (P.O. Box Number is Not Acceptable) 350 ELDRIDGE AVENUE SUITE 5 **ORANGE PARK FL 32073** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE Addition NAME CHIN, ROBERT NAME STREET ADDRESS 369 OLD FIELD DR STREET ADDRESS CITY-ST-ZIP ORANGE PARK FL 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-ZIE CITY-ST-ZIP TIT1 F ☐ Delete TITLE ☐ Addition ☐ Change 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 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: