2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 29, 2001 8:00 am Secretary of State **DOCUMENT # S28852** 1. Entity Name GRAU MEDICAL BILLING SERVICE, INC. 01-29-2001 90126 024 ***150.00 Principal Place of Business Mailing Address 2101 CORPORATE BLVD_NW_ -2101-CORPORATE-BLVD-NW-SUFFE 218 CHITT-046 BOCA RATON FL 33431 **BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address 2-700 N, M/2/17ARY TRAV プラン・ハーカノシップタアグ Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SU ITE SU ITE City & State City & State 4. FEI Number Applied For 65-0237969 Not Applicable Zip 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 ~GRAU, ANTONIO S. Street Address (P.O. Box Number is Not Acceptable) 2101-CORPORATE BLVD NW SUFFE 218 **BOCA RATON FL 33431** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change ☐ Addition NAME GRAU, ANTONIO S. NAME STREET ADDRESS 2700 N MILITARY TRAIL STE 350 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME JANUS, HENRY L. NAME STREET ADDRESS 2700 N MILITARY TRAIL STE 350 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP TITI F TITLE ☐ Addition ☐ Delete ☐ Change NAME CURRAN; JOSEPH W. = -NAME STREET ADDRESS 2700 N MILITARY TRAIL STE 350 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33431 ☐ 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 TITLE TITLE ☐ Change ☐ Addition NAME, NAME STREET ADDRESS STREET ADDRESS 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 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 all other like empowered.

SIGNATURE: ANTONIOS, GRAV

TUTE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-994-9299 Dayline Prone #