2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 31, 2000 8:00 am Secretary of State DOCUMENT # \$82443 1. Entity Name BETHANNE KLUGERMAN, D.M.D., P.A. 03-31-2000 90036 009 ***150.00 Principal Place of Business Mailing Address 16105 N.E. 18TH AVE. 16105 N.E. 18TH AVE. N. MIAMI BEACH FL 33162-4749 N. MIAMI BEACH FL 33162 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0290604 Not Applicable Zip Country Zip 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 RONES, VICTOR K. Street Address (P.O. Box Number is Not Acceptable) 16105 N.E. 18TH AVE. N. MIAMI BEACH FL 33162 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. DATE (NOTE: Registered Agent signature required when rainstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 ☐ Delete ☐ Change ☐ Addition TITLE TITLE KLUGERMAN, BETHANNE NAME NAME STREET ADDRESS STREET ADDRESS 12515 N KENDALL DR S 130 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change ☐ Addition TITLE NÁME NAME STREET ADDRESS 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 all other like empowered.

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