2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 16, 2001 8:00 am Secretary of State DOCUMENT # V23828 1. Entity Name KITTERY PLACE OF FLORIDA, INC. 03-16-2001 90012 002 ***150.00 Principal Place of Business Mailing Address 9400 S DADELAND BLVD 9400 S DADELAND BLVD **STE 100** STE 100 DUDGAUUU MIAMI FL 33156 MIAMI FL 33156 Principal Place of Business 3. Mailing Address SW 15657. 80 SW 156 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0321994 Not Applicable I AM \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RAATTAMA, HENRY H JR Street Address (P.O. Box Number is Not Acceptable) C/O AKERMAN, SENTERFITT & EIDSON, P.A. ONE S.E. 3RD AVE., 28TH FLOOR **MIAMI FL 33131** 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 Florida. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Atter MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE WARREN, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 9400 S DADELAND BLVD STE 100 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 Addition ☐ Delete TITLE TITLE MAHLER, EDWIN NAME NAME STREET ADDRESS 9400 S DADELAND BLVD STE 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33156 ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pl Pinger

TITLE

STREET ADDRESS

CITY-ST-ZIP

RIGHALD A. WASTEN

3/13/01 305-285

Daytime Phone #

Change

Addition

(00/01) +603700