FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 16 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V 73103

1. Entity Name

Rhythm Technologies

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
774 State Road 13 North	774 State Road 13 North
Suite, Apt. #, etc. 9	Suite, Apt. #, etc. 9
City & State: Jacksonville FL	City & State: Jacksonville, FL
Zip: 32259 Country: USA	Zip: 32259 Country: USA

4. FEI Number 65-0368848 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Peter R. Accorti

Street Address (P.O. Box Number is Not Acceptable): 248 North Chelkenberry WAY

City: Jacksonville FL Zip Code: 32259

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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	Peter R. Accorti
STREET ADDRESS	248 N. Chelkenberry WAY
CITY-ST-ZIP	Jacksonville, FL 32259
TITLE	Director
NAME	Richard Lucari MD
STREET ADDRESS	2366 N.E 28th Street
CITY-ST-ZIP	Lighthouse Point, FL 33064
TITLE	Director
NAME	Cesar M. Diaz
STREET ADDRESS	17915 Skypark Circle #D
CITY-ST-ZIP	Irvine, CA 92614
TITLE	Director
NAME	Thomas Allen
STREET ADDRESS	17915 Skypark Circle #D
CITY-ST-ZIP	Irvine, CA 92614
TITLE	Director
NAME	Alvaro Diaz
STREET ADDRESS	17915 Skypark Circle #D
CITY-ST-ZIP	Irvine, CA 92614
TITLE	
NAME	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Peter R Accorti 10/10/02 (904) 230-1230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gf 10/16/02