Secretary of State LEONARD HOCHSTEIN, M.D., P.A Principal Place of Business 100 S.E. 240 STREET 17TH FLOOR MANUEL FLOOR MANUEL FLOOR MANUEL FLOOR MANUEL FLOOR MANUEL FLOOR MANUEL FLOOR City & State C	2002	2 UNII	runin busi	NESS NEPU	nı	(OD)	<u></u>	Eab 20	2002	, o.n) am	
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City & Siste	2. Principal F	Place of Busin	ess	3. Mailing Address								
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT V	RITE IN THIS	SPACE		
6. Name and Address of Current Registered Agent KUBIT, DONALD E ESO. 100 SE 2ND STREET 17TH FLOOR MAMI FL 33131 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. Signature, types or present remer at registered agent and that applicable. 9. This corporation is eligible to satisfy its Intergable Tax Hing requirement and elects to do so. (See orient on book) 9. This corporation is eligible to satisfy its Intergable Tax Hing requirement and elects to do so. (See orient on book) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 13. Election Campaign Financing Address to Ad	City & Stat	te		City & State			4.	FEI Number 65-08497	34			
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17TH FLOOR MAMI FL 33131 City FL 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, types or printed name of registered agent and title Approache (NOTE: Registered Agent signature required when retristing) DATE 9. This corporation is eligible to satisfy its intriangible Tax filling requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE DOCHSTEIN, LEONARD M.D. Delete MAME APPROAD CITY ST-2P APPROACH APPROAD ADdition Approach Approach Addition APPROAD ADdition Approach Addition APPROAD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE Delete TILE APPROACH APPROAD ADdition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS APPROACH ADDITIONS/CHANGES APPROACH ADDITIONS/CHANGES APPROACH ADDITIONS/CHANGES APPROACH ADDITIONS/CHANGES ADDITIONS/CHANGES												
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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 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME HOCKISTEIN, LEONARD M.D. 4815 N BAY ROAD CITY-ST-ZIP MIAMI FL 33140 Delete ITILE NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP SIRET ADDRESS CIT	MIAMI FL 33131					City	FL Zip Code					
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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 eath, that I am an officer or director of the corporation or the receiver or truster ampowered 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 information with all other like empowered.

SIGNATURE: