FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2002 8:00 am Secretary of State

Zip Country 34787 ORANGE 34787 ORANGE 7. Name and Address of Current Registured Agent Name	DOCUMENT # 476456 1. Entity Name					05-01-2002 91564 015 ***150.00		
2. Principal Place of Butiness 54	NAGUI	N. KHOUZAM, M. D.	, P. A. J					
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Suite, Apt. 4, etc. City & State WINTER GARDEN_FL Outroy 3.47.87 ORANGE JAPINGE ON NOT WRITE IN THIS SPACE City & State DO_NOT WRITE IN THIS SPACE City & State City & State DO_NOT WRITE IN THIS SPACE City & State City & State City & State City & State Name 7. Name and Address of Current Registered Agent Name Per required For Popular Address (P.O. Box Number is Not Acceptable) FL Zip Code 7. Name and Address of Current Registered Agent Name City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE Signature, Typical or partial durated registered and title floridable. Phis corporation is eligible to satiety its intangible last fling requirement and decide to do so. (Site or ferral on back) Site Name Applied For Name Popular Typical or partial durated registered and title floridable. Phis Corporation is eligible to satiety its intangible last fling requirement and backs to do so. (Site or ferral on back) Site Name Applied For Name Popular Typical or partial durated agent and title floridable. Phis Corporation is eligible to satiety its intangible last fling requirement and backs to do so. (Site or ferral on back) Site Name Applied For Name Popular Typical or partial durated agent Agent Agent Inguine Name retributed Applied For Name Popular Typical or partial durated agent Agent Inguine Name retributed Applied For Name Popular Typical or partial durated agent Agent Inguine Name retributed Applied For Name Popular Typical or partial durated agent Agent Inguine Name retributed Applied For Name Popular Typical or partial durated Agent Name Popular Typica				NAME CONDUCTOR				
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IN THIS SPACE 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 9. This corporation is eligible to satisfy its intangible Tax kiling requirement and elects to do so. (See criteria and elects to do		DO NOT W	`i=!"	Name				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature Sig		LUU_NUI_VVI	XILE	-Street A	ddress (P.OB	lox:Number is:Not:Acceptable)		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Flonds. SIGNATURE Signature, syear or period name of registered agent and size it applicable. (MOTE Registered Agent synature sequence when remaining) DATE	IN THIS SPACE			-				
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 Operature, typed or period have of registered agent and ritle if applicable. NOTE Registered Agent signature incomed when inclusion;) DATE 9. This corroporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. After May 1. Fee is \$150.00 After Ma	, and the second			City		FI	Zip Code	
SIGNATURE This corporation is eligible to satisfy its Intangible Tax Iting requirement and elects to do so. Security of the product of t	8. The above	named entity submits this statement for	the purpose of changing its r	reaistered office or	registered an			
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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 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:

NAGUI N. KHOUZAM

<u>// /2002(407) 656-45</u>49