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CORP	ORATION			. Mortham	=		
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1	997 🚿	NUT		ORPORATIONS			
OCUM Corporation f	IENT # 47945	53	(3)				
•	KAUFMAN, M.D., P.A.		•••				
ncipal Place c	af Business	Mailing	Address	······································			
/O CORAL GABLES HOSPITAL C/O CORAL GABLES HOSPITAL 100 DOUGLAS ROAD 3100 DOUGLAS ROAD							
AL GABLES			GABLES FL 331344	6914			
					 Date Incorporated or Qualified 06/23/1975 	3a, Date of Last F 07/30/1996	Report
Principal Plac	e of Business	است.	ing Address		4, FEI Number		pplied For
Suite, Apt #.	elc.	26 Suite	e, Apt. #, etc.		59-1606186	¢0 75	ot Applicable Additional
		27			5. Certificate of Status Desired	Fee R	equired
City & State		City 28	& State		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip		Country	8. This corporation has liability for	intangible tax under s	s. 199.032,
v,	25 9. Name and Address of Cu	29 rrent Registered	Agent	30	Florida Statutes 10, Name and Address of New Re		
	Row, Penn B., ESQ.			81 Name			
2222 F 3RD F	Ponce de Leon Blvd.			82 Street Add	iress (P.O. Box Number is Not Acceptat	ole)	······
	L GABLES FL 33313			83			
				84 City	······································	B5 Zip	Code
				1			
Pursuant to	the provisions of Sections 607.	.0502 and 607.15	08, Florida Statute		poration submits this statement for the p	Durpose of changing i	its registered
Pursuant to office or reg agent 1 am	the provisions of Sections 607, istered agent, or both, in the S familiar with, and accept the of	.0502 and 607.15 State of Florida. Su bligations of, Sec	08, Florida Statute uch change was a tion 607.0505, Flo		poration submits this statement for the p tion's board of directors. I hereby accep	FL [purpose of changing i pt the appointment as	its registered s registered
NATURE	the provisions of Sections 607, istered agent, or both, in the S familiar with, and accept the of grane, typed or proteo rame of registeriu					purpose of changing in the appointment as	its registered registered
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	grature, typed or predeo rame of registeriu OFFICERS S KAUFMAN, BARBARA	d agent and title if appli	cable. (NOT	ss, the above-named cor iuthorized by the corpora ricla Statutes. Registered Agent signature requ	ired when reinstating)	DATE	
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