

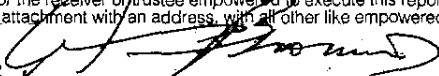


FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 602235 1. Entity Name ALAN I. BRAUN, M.D., P.A.				Secretary of State	
Principal Place of Business 4302 ALTON RD #600 MIAMI BEACH, FL 33140		Mailing Address 4302 ALTON RD #600 MIAMI BEACH, FL 33140			
DO NOT WRITE IN THIS SPACE					
				04192005 No Chg-P CR2E034 (10/03)	
				4. FEI Number 59-1295571	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRAUN, ALAN I 4302 ALTON RD. STE. GW MIAMI BEACH, FL 33140				DO NOT WRITE 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				<div>1100000336219 04/27/05-80116-015 150.00</div> DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		P BRAUN, ALAN I. 4302 ALTON DR. STE. 600 MIAMI BEACH, FL			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D BRAUN, ALAN I. 4302 ALTON RD STE 600 MIAMI BEACH, FL			
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  4/28/05 305 531 8112					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					