

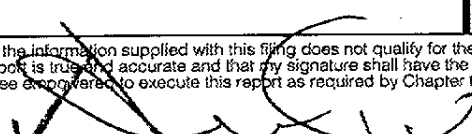


FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # A32047				Secretary of State	
1. Entity Name MEDICAL MULTI-SPECIALTY LTD.					
Principal Place of Business 4201 PALM AVE., SUITE 2-D HIALEAH, FL 33012		Mailing Address 4201 PALM AVE., SUITE 2-D HIALEAH, FL 33012			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04052004 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 65-0303989	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RUBEN DELGADO SR. 4201 PALM AVE., SUITE 102 HIALEAH, FL 33012				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,500,000.00		10. Amount of Capital Contributions in FLORIDA to date. 12/31/03 \$ 781,645 \$ 526.25			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	S28958		STREET ADDRESS		
NAME	MULTI-SPECIALTY CORP.		CITY-ST-ZIP		
STREET ADDRESS	4201 PALM AVE., #2-D			U00000120065	
CITY-ST-ZIP	HIALEAH, FL 33012			04/20/04-80006-025 526.25	
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STREET ADDRESS					
CITY-ST-ZIP					
14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE:  4704 309-5082					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #					