FILED

2003 MAY 14 PM 3:50

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A32047

1. Entity Name
MEDICAL MULTI-SPECIALTY LTD.

Principal Place of Business	Mailing Address
4201 PALM AVE., SUITE 2-D HIALEAH, FL 33012	4201 PALM AVE., SUITE 2-D HIALEAH, FL 33012

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 65-0303989 (Applied For / Not Applicable)

5. Certificate of Status Desired ☐ $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: AT 12/31/02 Date

9. Capital Contributions as Shown on Record	10. Amount of Capital Contributions in FLORIDA to date
$1,500,000.00	1,176,156

MAKE CHECK PAYABLE TO FLORIDA STATE. SEE REVERSE FOR FEE INFORMATION

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.

11. GENERAL PARTNER INFORMATION		12. ADDRESS CHANGES ONLY
DOCUMENT #	S29968	
NAME	MULTI-SPECIALTY CORP.	STREET ADDRESS
STREET ADDRESS	4201 PALM AVE., #2-D	CITY-ST-ZIP
CITY-ST-ZIP	HIALEAH, FL 33012	
DOCUMENT #		STREET ADDRESS
NAME		CITY-ST-ZIP
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STREET ADDRESS		
CITY-ST-ZIP		

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STAPLE CHECK HERE

14. I hereby certify that the information submitted 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 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: RUBEN DELGADO SR. PRES DEPT Date 5-14-03

Multi-Specialty Corporation