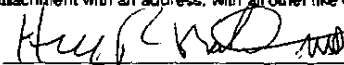


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90386 042 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # H21081			
1. Entity Name MALPRACTICE, INC.			
Principal Place of Business 13300 SW 109 COURT MIAMI, FL 33176		Mailing Address 13300 SW 109 COURT MIAMI, FL 33176	
2. Principal Place of Business		3. Mailing Address 7700 N. KENDALL DR. SUITE, Apt. #, etc. 405	
Suite, Apt. #, etc.		City & State MIAMI, FL	
City & State		4. FEI Number 65-0034502	
Zip	Country	Zip	Country
33150	USA	33150	USA
5. Name and Address of Current Registered Agent LEIRMAN, LORN, ESQ. 7700 NORTH KENDALL DRIVE SUITE #403 MIAMI, FL 33156		7. Name and Address of New Registered Agent	
		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when withdrawing)			
DATE _____			
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	PD	☐ Delete	
NAME	NATEMAN, HARRY S., M.D.		
STREET ADDRESS	8900 N. KENDALL DR.		
CITY-ST-ZIP	MIAMI, FL		
TITLE	SD	☐ Delete	
NAME	NATEMAN, DAVID, M.D.		
STREET ADDRESS	8900 N. KENDALL DR.		
CITY-ST-ZIP	MIAMI, FL		
TITLE	TD	☐ Delete	
NAME	COHEN, ALLAN G., ESQ.		
STREET ADDRESS	28 N. FLAGLER ST.		
CITY-ST-ZIP	MIAMI, FL		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  4/30/03			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (10/02)