FILED

2002 UNIFORM BUSINESS REPORT (UBR)

NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.	DOCUMENT # J26257 1. Entity Name KAREN R. KADE, M.D., P.A.								Jan 17, 2002 8:00 am Secretary of State 01-17-2002 90005 007 ***150.00					
Sure, Apt. 4, etc. City & State City & Sta	7000 S.W. 97 SUNSET INTE MIAMI FL 331	TH AVENUE		7000 S.W. 97TH AVENUE SUNSET INTERNATIONAL CENTER, SUITE 108 MIAMI FL 33173-1411										
City & State City & State City	2. Principal f	Place of Busi	ness	3. Mailing Address	3. Mailing Address			(60)	I n b ji n 13 0 18 b j(1 0 1100)		BIRII GIAII GIGII I	#861 818	JIL 01817 F881	
The above ramed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Funda. **RADE_PALL MI **TODO SW 97 AVENUE, SUITE 108 **MAMI FL. 33173-1411 **TO WARRED FOR THE STATE OF THE	Suite, Apt	. #, etc.		Suite, Apt. #, etc.					DO NOT W	RITE IN	THIS SPACE			
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent KADE, PAIL M 7000 SW 97 AVENUE, SUITE 108 MIAMI FL 33173-1411 City	City & Star	te		City & State				4. FEI Numl	oer 59-27063 9			_		
KADE, PAUL M 7000 SW 97 ANENUE, SUITE 108 MAMM FL 33173-1411 S. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE SIGNATURE TRUE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE MAM SIRET ADDRESS OTH'S 51-2P THE OTHER POWER SIRET ADDRESS OTH'S 51-2P THE OT	Zip		Country	Zip C		untry		5. Certificat	e of Status Desired	; <u> </u>		Addi	tional	
Steel Adjusted (F.) 2 px Number is Not Acceptable. Suffer 108 MAMI FL. 33173-1411 City		6. Name	i and Address of Curre	l nt Registered Agent				7. Name an	d Address of New	/ Regist		- June G		
8. The above named criticy submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE August Agent or registered agent signature required after remaining DATE	7000 SW MIAMI FL	97 AVENUI 33173-141				Street Addr		O Box Numi	R · K A per is Not Accepta	ΗV				
Make Check Payable to Department of State Trust rund contribution Added to Fees	SIGNATURE 9. This corpo	signature, typed	or printed name of registered as	Meno (NO FILE NOW	TE: Registere	d Agent signature re	equired wh	hen reinstating)	J-A	Pinancin	, 200 Z DATE			
TITLE NAME NAME NAME NAME NAME NAME NAME NAM	(See crite	•	7	Make Check Paya	ble to D									
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