HORACIO H. SCHLAEN, M.D., P.A.       04-16-2002 901         Principal Place of Business       Mailing Address         Solity, Spit Avenue       350 N. Spit Avenue         HOULWOOD FL 33021       Nailing Address         2. Principal Place of Business       3. Mailing Address         Suite, Apt. #, etc.       Suite, Apt. #, etc.         City & State       Country         Zip       Country         B. Mailing Address of Current Registered Agent       7. Name and Address of New Registered Agent         SoftLAEN, HORACIO H., M.D., P.A.       Street Address (P.O. Box Number is Not Acceptable)         SoftLAEN, HORACIO H., M.D., P.A.       Street Address (P.O. Box Number is Not Acceptable)         SoftLAEN, HORACIO H., M.D., P.A.       Street Address (P.O. Box Number is Not Acceptable)         Soft AVENUE       City         B. The above named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florda.         Signame, Hopd of prime invertime of inglatered agent of the factocole       Mate Check Payable to Department of state.         Intercoporation is eligible to satisfy its Intangible       FILE NOW!!! FEE IS 150.00       10. Exection Campagn Financial         Soft AVENUE       Delete       Inter Now State Acceptable       10. Exection Campagn Financial         State Address       Delete       I	
350 N. 55TH AVENUE       350 N. 55TH AVENUE       HULYWOOD FL 33021         2. Principal Place of Business       3. Maling Address       Do NOT WRITE IN         Suite. Apt. #, etc.       Suite. Apt. #, etc.       Do NOT WRITE IN         City & State       City & State       4. FEI Number       65-0130628         Zip       Country       5. Certificate of Status Desired       6         SchLacen, HorAciO H, M.D., P.A.       State       7. Name and Address of New Regist       Name         SchLacen, HorAciO H, M.D., P.A.       State Address (P.O. Box Number is Not Acceptable)       City & State       City & State       City & State       Steet Address (P.O. Box Number is Not Acceptable)         B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda.         SiGNATURE       (NTE Fingdword Agent dyname regards when remating)         B. The above named entity submits this istatement for the purpose of changing its registered office or registered agent, or both, in the State of Forda.         SiGNATURE       (NTE Find Way 1, 2002 Few Wite \$550.00       10. Election Campaign Financin Trust Financin T	
HOLLWOOD FL 3321       HOLLWOOD FL 3321         US       US         2. Principal Place of Business       3. Mailing Address         Suite, Apt. #, etc.       Suite, Apt. #, etc.         City & State       Country         Zip       Country         Zip       Country         Suite, Apt. #, etc.       Suite, Apt. #, etc.         City & State       4. FEI Number         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent         8. Chatenew, HORACIO H., MD., P.A.       Steet Address (P.O. Box Number is Not Accoptable).         State NOR State       City         HOLLWOOD FL 33021       City         City       Steet Address (P.O. Box Number is Not Accoptable).         State Accorporation is eligible to satisfy its Intergible       Agentary 1, 2002 Fee will be \$550,00         Steet Corporation is eligible to satisfy its Intergible       After May 1, 2002 Fee will be \$550,00         10. Election Campaign Financin True Funguene trad elects to do so.       Steet Address GO OFFICER         11. Corporation is eligible to satisfy its Intergible       Agentary 1, 2002 Fee will be \$550,00       10. Election Campaign Financin True Funguene trad elects to do so.         12. Corporation is eligible to satisfy its Intergible       Apple tary 1, 2002 Fee will be \$550,00       10. Election Campaign Financin True	
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City & State     City & State     4. FEI Number     65-0130626       Zip     Country     Zip     Country     5. Certificate of Status Desired       Image: SchLack Horacolo H., M.D., P.A.     SSchLack Horacolo H., M.D., P.A.     Name     Name       SCHLAEN, HORACIO H., M.D., P.A.     Street Address (P.O. Box Number is Not Acceptable)     City       HOLLYWOOD FL 33021     City     City     City       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.       IGNATURE     Bendure toped or prinod rame of registered agent and its # applicable     (MOTE Registered Agent agranded agent and its # applicable       SchLaen, HORACIO H.     Street Address (P.O. Box Number is Not Acceptable)     10. Election Campaign Financia       Inst filing requirement and elects to do so.     After May 1, 2002 Fee will be \$550.00     10. Election Campaign Financia       1.     OPFICERS AND DIRECTORS     12. ADDITIONS/CHANGES TO OFFICER       1.	
Zip     Country     Zip     Country     5. Certificate of Status Desired       6. Name and Address of Current Registered Agent     Name and Address of New Regis       SCHLAEN, HORACIO H., M.D., P.A.     Street Address (P.O. Box Number is Not Acceptable)       Status Desired     City       HOLLYWOOD FL 33021     City       City     City       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.       IGNATURE     Genutre, typed or printed name of registered agent and tell 4 applicable.       INCE The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.       IGNATURE     Genutre, typed or printed name of registered agent and tell 4 applicable.       INCE The above named entity submits this statement and tell 4 applicable.     (NOTE: Registered Agent agent agent or registered agent, or both, in the State of Florida.       IGNATURE     Genutre, typed or printed name of registered agent and tell 4 applicable.     (NOTE: Registered Agent agent agent or registered agent. or both, in the State of Florida.       IGNATURE     Genutre agent and elects to do so.     After May 1, 2002 Fee will be \$550.00     10. Election Campaign Financii True Fund Contribution.       Ise or tieria on back)     OFFICERS AND DIRECTORS     12. ADDITIONS/CHANGES TO OFFICER       Inter Address     Street Address     OFFICE ADDRESS     OFFICE ADDRESS	THIS SPACE
Zip       Country       Zip       Country       5. Certificate of Status Desired         6. Name and Address of Current Registered Agent       7. Name and Address of New Regis         SCHLAEN, HORACIO H., M.D., P.A.       Street Address (P.O. Box Number is Not Acceptable)         3540 N. 55TH AVENUE       Street Address (P.O. Box Number is Not Acceptable)         A. 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.         Signature typed or printed name of registered agent and the if applicable       (NOTE: Registered Agent alginature regular device when reinstance)         9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.       Street May 2 2002 Fee will be \$550.00       10. Election Campaign Financir Trust Fund Contribution.         14.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICER         Title       SchLaRen, HORACIO H.       The Maxe       Street ADDRESS       City	Applied For
C. Name and Address of Current Registered Agent     C. Name and Address of Current Registered Agent     C. Name and Address of New Regis     SCHLAEN, HORACIO H., M.D., P.A.     3340 N. 55TH AVENUE     HOLLYWOOD FL 33021     City	Not Applica <b>\$8.75</b> Additional
SCHLAEN, HORACIO H., M.D., P.A.       Name         3540 N. 55TH AVENUE       Street Address (P.O. Box Number is Not Acceptable)         City       City         3. 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.         SIGNATURE       Signature, types or printed name of registered agent and its of application registered agent and its of application.         9. This corporation is eligible to satisfy its intangible       After May 1, 2002 Fee will be \$550.00       10. Election Campaign Financia         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICER         14.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICER         14.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICER         14.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICER         17.       SCHLAEN, HORACIO H.       STREET ADDRESS       STREET ADDRESS       CITY-ST-2P         17.       State N. 5STH AVENUE       ITTLE       NAME       STREET ADDRESS       CITY-ST-2P         17.       State N. 5STH AVENUE       Delete       NAME       STREET ADDRESS       CITY-ST-2P         17.       State Not State       ITTLE       NAME       STREET ADDRESS       CITY-ST-2P	Fee Required
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