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Also Admitted in Province of Québec
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REPLY TO: P.O. BOX 8020 HALLANDALE BEACH, FL 33008

OUTSIDE DADE

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TELECOPIERS:

(305) 936-9502

(305) 932-6043

November 21, 2000

Division of Corporations P.O. BOX 6327 Tallahassee, Florida 32314

Re:

Urology Wellness, LLC

Document No.: L00000000156

700003476757--7 -11/28/00--01020--006 \*\*\*\*\*35.00 \*\*\*\*\*\*35.00

Dear Sir/Madam:

Enclosed herein please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations along with a check for the filing fee of \$35.00.

If you have any questions regarding the foregoing, please do not hesitate to contact me at 1800-935-6889 Ext.: 302.

Thank you for your prompt attention to this request.

Very truly yours,

JUDITH SERGILI

Legal Assistant

Encs.

cc: Mr. Mark Weitzenfeld, President

FILLU

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ECRETARY OF STATE

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORRESPONDENCE.

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

-33	<b>3</b>	J 1 10.10.				
1.	The name of the corporation:	UROLOGY WELLNESS, L.L.C.				
2.	The mailing address of the corporation:		3120 N. 34 <sup>th</sup> St Hollywood, FL			
3.	Date of incorporation/qualification:	01/05/2	2000	Document number:	L0000000156	
4.	The name and address of the current registered agent and office:					
	Michael Bedzow, Esq. 20803 Biscayne Boulevard, Suite 200 Aventura, FL 33180					
5.	The name and address of the new registered agent (if changed) and/or registered office (if changed):  (P.O. Box Not Acceptable)					
	GARY A. KORN, E	59.				
	GARY A. KORN, ESQ.  LEOPOLD, KORNAND LEOPOLD  20801 BISCAYNE BLVD., SUITE SOI  AVENTURA, FLORIDA 33180  The street address of its registered office and the street address of the business office of its registered agents as changed, will be identical.					
	20801 BISCAYNE BL	·VĐ.,	SUITES	501		
AVENTURA, FLORIDA 33180  The street address of its registered office and the street address of the business office of its registered agent as changed, will						
0 0 100021					1 2	
Ma	nange was authorized by resolution duly a	ENT	-	tirectors or by an officer		d.
(Signatur	e of an officer, chairman or vice chairman of the boa	erd)		(Date)		-
(Printed o	ARK WEITZENFELD or typed name and title)	FRE	3 (DENT		: 32 NTE RIDA	
appoint relative	been named as registered agent and to accoment as registered agent and agree to act to the property and complete performance tered agent.	in this c	anacity I furthe	er agree to comply with t	the provisions of all statut	24
	(Signature of Registered Agent)		(Date)			
If signin	ng on behalf of an entity:		-			

\* \* \* FILING FEE: \$35.00 \* \* \*
P.O. Box 6327

(Capacity)

(Typed or Printed Name)