Requester's Name M Siddiqui 22287 Martella Ave Boca Raton FL 33433-4622 City/State/Zip Phone

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. (Corporation Name)	(Document #)	<u></u> •
2(Corporation Name)	(Document #)	-
3(Corporation Name)	(Document #)	5757 1066021 ******25.00
4. (Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up time Mail out ☐ Will wait	Photocopy Certificate of Status	
NEW FILINGS	AMENDMENTS	<u>-</u>
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	·· — .

CR2E031(7/97)

J. BRYAN JUN 2 5 2002

Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	The name of the limited liability company is: Scientific Medical Reseas
2.	The name of the limited liability company is: Scientific Medical Resease The mailing address of the limited liability company is: 14838 S. Military Tr Delray Reach FL 33484
3 .	Date of filing/registration in Florida 4. Document number
5.	Date of filing/registration in Florida 4. Document number The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Corporate Creations Network Inc. Name Street # 200 Miami Reach FL 33/39 City, State and Zip The name and address of the new registered agent and/or office:
	941 Fourth Street # 200
	Miami Rack FL 33/39 City, State and Zip The name and address of the new registered agent and/or office:
	City, State and Zip
6.	The name and address of the new registered agent and/or office:
	M. FARHAN SIDDIQUI PO SI
	14838 Name Military Tr SES
	Florida street address (P.O. Box NOT acceptable)
	Delian Reach FL 33484 City, State and Zip
	City, State and Zip
co an lia the	the limited liability company is not organized under the laws of the State of Florida, it is hereby nfirmed that after the change or changes are made, the Florida street address of the registered office d the business office of the registered agent will be identical. Or, in the case of a Florida limited bility company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of members of the limited liability company or as otherwise provided in the articles of organization or experating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

M. FARHAN SIDDIQUI

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

INHS18(10/99)

FILING FEE: \$25.00