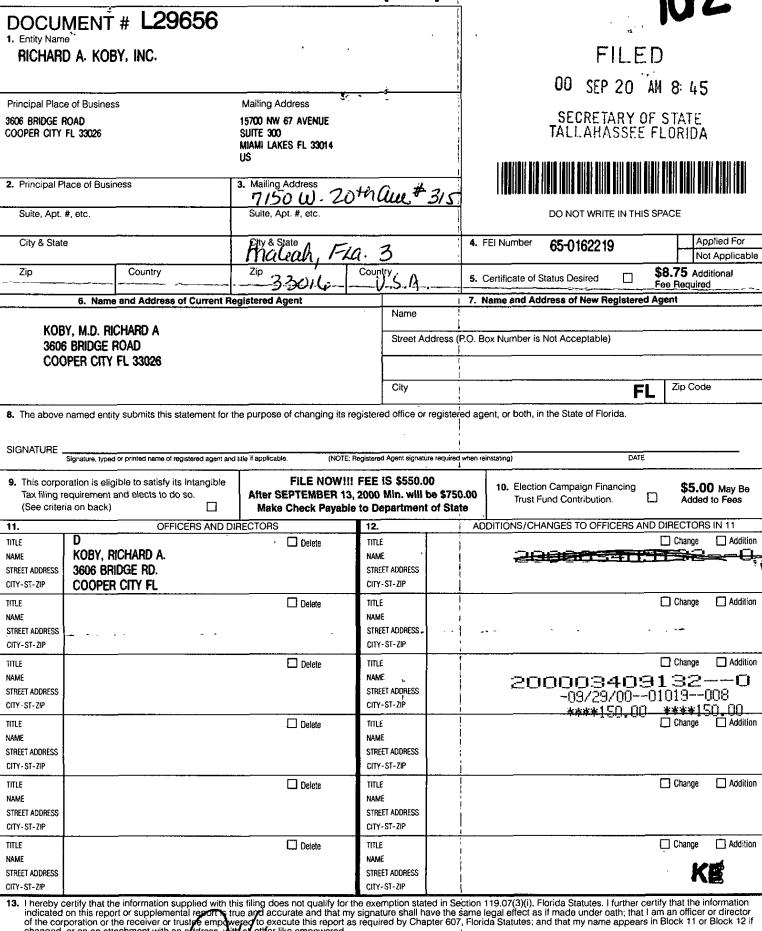
2000 UNIFORM BUSINESS REPORT (UBR)



changed, or on an attachment with an address, vitt at other like empowered.

SIGNATURE: SIGNATURE OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Miami Lakes Medical Center

7150 West 20th Avenue SUITE 315 HIALEAH, FLORIDA 33016 (305)-821-6600; FAX (305)-822-2688

Pembroke Lakes Medical Center

18219 PINES BOULEVARD PEMBROKE PINES, FLORIDA 33029 (954)-436-1212; FAX (954)-435-5444

Family Medicine * Primary Care

BRIAN A. ZALIS, M.D., F.A A F.P. RICHARD A. KOBY, M.D., F.A A.F.P. NATHALIE KOENIG D O.

September 11, 2000

Florida Department of State

Division of Corporations

Post Office Box 6327

Tallahassee, Florida 32314

Re: Document # L29656 (Richard A. Koby, M.D.)

To Whom It May Concern:

The enclosed check is for the sum of \$150.00. Unfortunately we moved and the notification was not received. Please accept our apologies for any inconvience. If you have further questions, please do not hesitate to contact us at the above-referenced number, extension 3031.

Sincerely,

Liz **\$**antana, Administrator,

Miami Lakes Medical Center