

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jun 20, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000000336****1. Entity Name**  
SOUTHWEST MEDICAL LEASING, L.L.C.

<b>Principal Place of Business</b> 3701 SOUTH CONGRESS AVENUE  LAKE WORTH FL 33461	<b>Mailing Address</b> 3701 SOUTH CONGRESS AVENUE  LAKE WORTH FL 33461
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<b>2. Principal Place of Business</b> 3801 SOUTH CONGRESS AVENUE	<b>3. Mailing Address</b> 3801 SOUTH CONGRESS AVENUE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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<b>City &amp; State</b> LAKE WORTH FL	<b>City &amp; State</b> LAKE WORTH FL
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<b>Zip</b> 33461	<b>Country</b>	<b>Zip</b> 33461	<b>Country</b>
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<b>4. FEI Number</b> 65-0886017	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

ZIFRONY MATTHEW ESQ.  
110 SOUTHEAST 6TH ST., 15TH FLOOR  
  
FORT LAUDERDALE FL 33301 US

**7. Name and Address of New Registered Agent**

<b>Name</b>	
<b>Street Address (P.O. Box Number is Not Acceptable)</b>	
<b>City</b>	<b>FL</b> <b>Zip Code</b>

**8. 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 MATTHEW ZIFRONY, ESQ.****06/20/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State****9. MANAGING MEMBERS / MEMBERS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> MUSA MARK 2575 OCEAN BLVD., #1035 HIGHLAND BEACH FL	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete

**10. ADDITIONS / CHANGES**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> MUSA MARK 2575 OCEAN BLVD., #1035 HIGHLAND BEACH FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.****SIGNATURE: Mark Musa****MGRM 06/20/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)