

Division of Corporations

Page 1 of 1

M0400000696

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H11000226165 3)))



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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : DIVERSIFIED CORPORATE SERVICES INT'L, INC.
Account Number : 120090000024
Phone : (518)434-2877
Fax Number : (518)434-0943

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Divcorp@aol.com

RECEIVED
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REGISTERED AGENT CHANGE
KADIMA MEDICAL PROPERTIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	08
Estimated Charge	\$35.00

COVER LETTER (((H11000226165 3)))

TO: Registration Section
Division of Corporations

SUBJECT: KADIMA MEDICAL PROPERTIES LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JERRY JOSEPH
Name of Person

DIVERSIFIED CORPORATE SERVICES INT'L, INC.
Firm/Company

99 WASHINGTON AVENUE, STE. 702
Address

ALBANY, NEW YORK 12210
City/State and Zip Code

DIVCORP@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JERRY JOSEPH at (518) 229-8228
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

((H11000226165 3)))

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. Name of the limited liability company: KADIMA MEDICAL PROPERTIES LLC

2. (a) Principal office address of limited liability company: _____

(Note: **MUST BE STREET ADDRESS**)

101 RICHARDSON STREET
BROOKLYN, NEW YORK 11211

(b) Mailing address of limited liability company: _____

(Note: **MAY BE POST OFFICE BOX**)

101 RICHARDSON STREET
BROOKLYN, NEW YORK 11211

02/23/2004

3. Date of filing/registration in Florida

M04000000698

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: JERRY JOSEPH

Registered Office Address: 100 GOLDEN ISLES DR., STE. 1204
HALLANDALE, FLORIDA 33009

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: JERRY JOSEPH

NEW Registered Office Address: 3870 NE 168TH STREET

(MUST BE FLORIDA STREET ADDRESS) NORTH MIAMI BEACH, FL 33160

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

JERRY JOSEPH, AUTHORIZED REPRESENTATIVE
Printed or typed name of signer

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 duties, 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

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

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SEP 15 AM 8:42
TALLAHASSEE FLORIDA
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