



03-03-2008 90196 031 \*\*\*61.25

<b>DOCUMENT # N07000000189</b>				<b>Secretary of State</b> 03-03-2008 90196 031 ****61.25	
<b>1. Entity Name</b> SMP HEALTH NETWORK, CORP					
<b>Principal Place of Business</b> 2717 EAST OAKLAND PARK BLVD 103 FORT LAUDERDALE, 33306		<b>Mailing Address</b> 2717 EAST OAKLAND PARK BLVD 103 FORT LAUDERDALE, 33306			
<b>2. Principal Place of Business - No P.O. Box #</b> 3180 NW 114TH TER		<b>3. Mailing Address</b> 3180 NW 114TH TER			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01292008 Chg-NP CR2E037 (12/06)	
<b>City &amp; State</b> Coral Springs, FL		<b>City &amp; State</b> Coral Springs, FL		<b>4. FEI Number</b> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>Zip</b> 33065		<b>Country</b> Broward		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
LUDWIG, GERD F 3180 NW 114TH TER CORAL SPRINGS, FL 33065				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <b>DATE</b> _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		
P CORCORAN, KAREN 2717 EAST OAKLAND PARK BLVD FORT LAUDERDALE, FL 33306 <input checked="" type="checkbox"/> Delete			P LUDWIG, GERD 3180 NW 114TH TER CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
V LUDWIG, GERD 2717 EAST OAKLAND PARK BLVD FORT LAUDERDALE, FL 33306 <input type="checkbox"/> Delete			VP CHUCK JACKSON 3180 NW 114TH TER CORAL SPRINGS, FL 33065 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
V PAWLOWSKI, MARY-DEBRA 2717 EAST OAKLAND PARK BLVD FORT LAUDERDALE, FL 33306 <input checked="" type="checkbox"/> Delete			D Anja Weinberg 3180 NW 114TH TER CORAL SPRINGS, FL 33065 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> _____ <b>3.1.08</b> <b>954 8051153</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					