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1. Ensity Nam FMC CAI	RDIOLOGY PANEL, P.A.		FIL'ED SECRETARY OF STATE DIVISION OF CORPORATIONS			A STATE AND A STATE			
Principal Place of Business Mailing Address 5000 WEST OAKLAND PARK BLVD. FT. LAUDERDALE FL 33313 FT. LAUDERDALE FL 33313			BLVD.	01 OCT 22 PM 4:1	2 PH 4:49				
2. Principal Place of Business 3. Mailing Address 7800 W. OAK -			THE PK BLUD						
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. Suite 105 City & State		DO NOT WRITE IN THIS SPACE	Applied For	יי ר			
Zip	Country	Sun RISE Zip	FL Country		Not Applicable				
	6. Name and Address of Current Registered A		Continue of States of States Desired Fee Required 7. Name and Address of New Registered Agent						
KATZ, MOISES J M.D.			Street Address	(P.O. Box Number is Not Acceptable)					
500 SUNF	WEST OAKLAND PARK BLVD.,STE RISE FL 33351	. 105				reconcepture - to a			
-			City	FL Zip Co	de				, ,
8. The above	named entity submits this statement for	the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florida.					
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	Registered Agent signature requir	ed when reinstating) DATE		A to Bach the			
Tax filing requirement and elects to do so. After MAY 1, 2001			I FEE IS \$150.00 1 Fee will be \$550.00 le to Department of St	Trust Fund Contribution	OO May Be ed to Fees	a - organization and an and a second s			
11. TITLE	OFFICERS AND D		12. TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		()	10000	(admittation)	
NAME	KATZ, MOISES J M.D.		NAME STREET ADDRESS CITY-ST-ZIP			CR2E034 (10/00)	and a second	A CONTRACT, INCOMENT	
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13. I hereby c indicated of the corp changed,	or on an attachment with an address, wi	his filing does not qualify for rue and accurate and that m vered to execute this report a th all other like empowered.	the exemption stated in S y signature shall have the is required by Chapter 60	action 119.07(3)(i), Florida Statutes. I further certify that the same legal effect as if made under oath; that I am an office 7, Florida Statutes; and that my name appears in Block 11:	information er or director or Block 12 if		 A manufacture of the second secon second second sec		

FMC CARDIOLOGY PANEL INC. 7800 WEST OAKLAND PARK BLVD SUITE 105 SUNRISE FL 33351

Division of Corporations Uniform Business Report Filings P O box 1500 Tallahassee F.L. 32302

Dear Sirs:

Please find enclosed our check in the amount of \$150.00 in payment of 2001 UBR fees.

While we realize that we are late in paying and filing we request a waiver of the penalty due to the following—

The corporation was formed June 26,2000.

The corporation did not start operations until September 2001.

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The annual report form for 2001 was mailed to the wrong address and not forwarded until recently.

The address to which the report was mailed was

5000 West Oakland Park Blvd Ft. Lauderdale Fl 33313

The correct address is

FMC Cardiology Panel P.A. C/O Moises J Katz 7800 West Oakland park Blvd Suite #105 Sunrise FL 33351

Very Truly Yours Moises J Katz