## **DOCUMENT # P01000046164** FILED 1. Entity Name Apr 25, 2007 8:00 am Secretary of State ERLINDA ENRIQUEZ, M.D., P.A. Principal Place of Business Mailing Address 04-25-2007 90203 005 \*\*\*150 00 848 BRICKELL KEY DR 848 BRICKELL KEY DR #3606 #3606 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # Mailing Address A CERTANUL KI ENINY JUNIY BRUTA MBIJA MBIJA MBIJA MIJAK MIJAK MIJAK MIJAK MIJAK MIJAK MIJAK MIJAK KI LI LIBBI 401 BRICKELL KEY Blvd. 901 BRICKELL KAY Blood Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (12/06) 04172007 Chg-P 3807 Applied For 4. FEI Number City & State MIAMI, FL MIAMI 65-1107379 Not Applicable 33<u>13</u>1 Country Country \$8.75 Additional 5. Certificate of Status Desired 33131 DADE Fee Required DADE 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BALLINGER STEVEN R ESQ BALLINGER, STEVEN R Street Address (P.O. Box Number is Not Acceptable) WESTON TOWN CENTER 888 S ANDREWS AVE FT\_LAUDERDALE\_FL\_33316 LANE 1792 Bell Tower WESTON 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. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DPST TITLE ☐ Detete TITLE ☐ Change ☐ Addition ENPIQUEZ ERLINDAMI) ENRIQUEZ, ERLINDA MD NAME NAME 848 BRICKELL KEY DR #3806 STREET ADDRESS STREET ADDRESS 901 BRICKell KEY Blud # 3807 MIAMI, FL 33131 CITY-ST-ZIP C3TY - \$T - 719 MIAMI, FL 33131 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P ☐ Delete TITLE □ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 607, 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

Delete

☐ Delete

SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SKYRING OFFICER OR DIRECTOR

TITLE

NAME

TITLE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

4/17/07

305-441-717

Date

Daytime Phone #

☐ Change

Change Change

☐ Addition

Addition