FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO1000072365

SIGNATURE:

FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90929 045 ***150.00

1-LAGAMI Medical Group Center, INC.							
DO NOT WRITE IN THIS SPACE							
2. Principal Place of Business 5775 SW 8 ST. Suite, Apt. #, etc.		3. Mailing Address 5775 SW 8 ST Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State MIAMI, A	=102104	City & State MIAMI, I Zip 33/44	PLORIOR	4. FE	El Number 65-//33764	Applied For Not Applicable	
Zip 33144	Country USA	Zip 33/44	Country	5 . C	ertificate of Status Desired	\$8.75 Additional Fee Required	
				7. Nan	me and Address of Current Registered		
Name							
DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)							
IN THIS SPACE							
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en en transporter de la companya de La companya de la co		and the state of t	City		FL	Zip Code	
8. The above named ent the obligations of regis	,	he purpose of changing its	s registered office or r	egistered age	nt, or both, in the State of Florida. I am f	amiliar with, and accept	
SIGNATURE JOSE A DIAZ 4/10/2003							
	d or printed name of registered agent an May 1 Fee Is \$150.00	title if applicative. (NOT	E: Registered Agent signature	required when rein	istating) DATE		
After May Amende	1, Fee is \$550,00 d UBR is \$61,25 o Florida Department of 9	itate			Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
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12. 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 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 on an attachment with an address, with all other like empowered.							