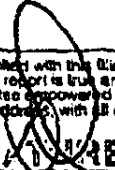


FILED
Jun 12, 2003 8:00 am
Secretary of State

04-24-2003 90245 034 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

55047831

DOCUMENT # P02000015375			
1. Entity Name LEAH'S MEDICAL SERVICES, INC.			
Principal Place of Business 1455 NW 15TH ST. MIAMI FL 33125		Mailing Address 1455 NW 15TH ST. MIAMI FL 33125	
2.7 Principal Place of Business Leah's Medical Serv		3. Mailing Address 1490 W 49th Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite # 315	
City & State		City & State Hialeah FL 33012	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent VALDES, LISSET M 1455 NW 15TH ST. MIAMI FL 33125		5. Name and Address of New Registered Agent Name: Valdes - Lisset M Street Address (P.O. Box Number is Not Acceptable) 1490 W 49th Ave Suite 315 City: Hialeah FL Zip Code: 33012	
6. 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when necessary)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$350.00 Make Check Payable to Florida Department of State		8. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST VALDES, LISSET M 1455 NW 15TH ST. MIAMI FL 33125 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Valdes Lisset M ☒ Change ☐ Addition 1490 W 49th Ave Suite 315 Hialeah FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.			
SIGNATURE: 		04/18/03	
SIGNATURE REQUIRED			