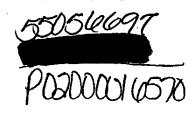
## FILED Sep 17, 2003 8:00 am Secretary of State

(301) 181-1333

1. Entity Nan		00016570		09-02-2003	90189 036 ***150.00
	ce of Business TH AVE #C300	Mailing Address -7600 SW 97TH AVE #63 MIAMI FL 33173	7000 SW MIAMI,	97 AVE , # 208 F4 35173	55056697
2. Principal Place of Business 3. Mailing Address 7000 SW			TANE		the dana or a law of
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<u> </u>	ADDress FMAKING CHANGES
City & State		City & State MIAMI, FL		4. FEI Number 32 - 0002	+43 Applied For Not Applicable
Zip - ~ ~	Country	33173	Country US A	5. Certificate of Status Desired	S8.75 Additional Fee Regulred
	6. Name and Address of Current	Registered Agent	Name —	7. Name and Address of New Re	gistered Agent
	DN, STEVEN J MD 87TH AVE #C300		ļ <u> </u>	ss (P.O. Box Number is Not Acceptable)	
MIAMI FL 33173			City		FL Zip Code
		r the purpose of changing its	registered office or regis	stered agent, or both, in the State of Flori	
the obligat	ions of registered agent.				
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	Registered Agent signature requ	ired when reinstating)	DATE
After Se	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750. r Payable to Florida Department of			Election Campaign Finatory     Trust Fund Contribution	
10.	OFFICERS AND I		11.	ADDITIONS/CHANGES TO OFFIC	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYERSON, STEVEN J MD 7800 SW 87TH AVE #C300 MAMI FL 33173	Delste	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition E
TITLE NAME STREET ADDRESS ' CITY-ST-ZIP	D CARIDE, A. RUBEN 7800 SW 87TH AVE #C300 MIAMI FL 33173	Delete	NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
MLE		Delete Delete	TITLE		Change : Addition -
NAME STREET ADDRESS CITY-ST-ZIP	همد دنسي دنس مانده ا		STREET ADDRESS CITY-ST-ZIP	<u> « مورشونگ پر سرور سود پورسود پر سود پورسود پر در در</u>	
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
changed,	or on an attachment with an address w	vered to execute this report a	the exemption stated in a y signature shall have the as required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I f. e same legal effect as if made under oat 07, Florida Statutes; and that my name a	irther certify that the information h; that I am an officer or director in ppears in Block 10 or Block 11 if \$23.33
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone of					
	Lo	und		09/15/53 (30	r)151-1333



Emcee Management, Inc. 7800 SW 87th Ave, Suite C-300 Miami, FL 33173 (305) 595-8333 (305) 595-4236 (fax)

August 20, 2003

Division of Corporations **Uniform Business Report Filings** P:O:Box 1500 Tallahassee, Fl 32302-1500

Re: Corporate Filing Late Fee # P02000016570

Dear Sirs;

I received for the (first) time the Corporate Filing Request form for Emcee Management, Inc along with a late fee of \$ 400.00. Since I had not received prior notice, I request that the late fee of \$400.00 be waived.

I am enclosing a check in the amount of \$150.00 to cover the (regular) Corporate Filing

Respectfully,

A. Ruben Caride, M.D., P.A.

(Director)