Amended - 8-13-03 2003 FOR PROFIT CORPORATION

PAge 1st

	IFORM DOSINE	33 HEFUN	IOP	<u> </u>					
DOCUMENT # P02000039964 1. Entity Name MRG OF SOUTH FLORIDA, INC.					03 AUG	TED 18 ANTI:			<i>,</i> ,,
Principal Place of Business 3339 NORTH FEDERAL HIGHWAY OAKLAND PARK FL 33308		Mailing Address 3339 NORTH FEDERAL HIG OAKLAND PARK FL 33308	HWAY		SECRET.	ARY OF STATASSEE, FLOR	TE IDA		
Principal Place of Business									
2. Findipar Field of Dusiness		walling routess		ļ					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			17	CHECK HERE IF	MAKING CH	ANGES	
City & State		City & State			4. FEI Number	36443	48		plied For t Applical
Zip Country		Zip Country			5. Certificate of		┌┐ \$8	75 Add	itional
	6. Name and Address of Current F			7. Name and A	ddress of New Re	gistered Age	nt		
FREEDMAN & MCCLOSKY, P.A. ONE PAST BROWARD BOULEVARD			Street Address (P.O. Box Number is NO Acceptable)						
FORT LAUDERDALE FI-38301			City	_5	,	TRALE	FL	<u> </u>	9 9
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent:						in the State of Flori		<u>つフノ</u> iar with,	and acce
SIGNATURE	Signature, typed or printed name of jegistered agent as	when remarking)	4/28/	D.3	· ·				
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Chāck Payable to Florida Department of State						on Campaign Final Fund Contribution.			O May Be to Fees
10.	OFFICERS AND D		11.			ANGES TO OFFIC			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROCCO, MICHAEL A JR. 3339 NORTH FEDERAL HIGHWAY OAKLAND PARK FL. 33398	√ □ Delete	NAME STREET ADDRESS CITY-ST-ZIP	P, UP	% 95000 08/18/03-	122384 -0106500	045 ¹⁰	Change 25	Additi
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CROCCO, AUGUSTINE 3339 NORTH FEDERAL HIGHWAY OAKLAND PARK PL 33308	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3-		-		Change	Addin
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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 directo of the corporation or the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with at other tike empowered.





JOE REILLY & ASSOCIATES, INC 2191 Julian Avenue, Suite 2 Palm Bay, FI 32905 321 952 8385 fax 321 953 6545

August 13, 2003

Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Atten: Filing Section

Dear Sir/Madam:

Please find enclosed Amended UBR for MRG of South Florida, Inc. and a check in the amount of \$61.25 for the fee involved.

If there are any questions or additional information needed, please contact this office. Thank you for your assistance in this matter.

Sincerely

Joseph F. Reilly

President

JR/bl

Enclosure