FOR PROFIT CORPORATION

FILED Aug 08, 2003 8:00 am Secretary of State

	MILOHM BOZINE	_	(MRK)	- 08 08 2002 000	=
DOCUMENT # PO3000/30/96/L 1. Entity Name ESTHEYL M. Mc KENZIE, M.D., P.A.					
Est	THER M. MCKEN	VZIE, N.V., F.	A. J		
	DO NOT WRITE	IN THIS SI	PACE		
2. Principal F	Place of Business	3. Mailing Address		•	
	Sunset Harbour	1800 Sunse	t Harbour	_	
Suite Apt.	. #, etc.	Suite, Apt. #, etc. #811		DO NOT WRITE IN	N THIS SPACE
City & Stat Miam	i Beach, FL	Miami Beach,	FL	4. FEI Number Ø1 - 0754969	Applied For Not Applicable
3313	9 Country S.A.	33139	Country S. A.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
			Name	7. Name and Address of Current Reg	listered Agent
	DO NOT W	RITE		/P.O. Pay Number in Net Assentable)	
	IN THIS SP	Accept to the second second	Sileer Address	(P.O. Box Number is Not Acceptable)	
		AUL		· · · · · · · · · · · · · · · · · · ·	
			City		FL Zip Code
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 Signature, typed or printed name of registered agent and take if applicable. (NOTE: Registered Agent signature required when reinstating) OATE					
	nuary 1 May 1 Fee le \$150.00 After May 1 Fee le \$550.00 Amended UBR le \$61.25 Payable to Florida Department of	State		Election Campaign Financi Trust Fund Contribution.	ng \$5.00 May Be Added to Fees
10.	OFFICERS AND D	DIRECTORS			
TITLE NAME	President Esther M. McKenzia 1800 Sunset Harbour, H		TIPLE		2/02
STREE GADIONESS	1800 Sunset Harbour, #	1811	STREET ADDRESS		CR2E0348 (12/02
CITY-ST-ZIP	Miami BeachiFL 331	1 <i>3</i> *1	CHY ST-20P		Щ К
NAME			NAME		CH CHE CHE CHE CHE CHE CHE CHE CHE CHE C
STHEET ADDRESS CTTY-ST-ZIP			STREET ADDRESS CITY-SY-ZIP		
_TITLE			_ time,ee	talena et de la companya de la comp	-
NAME STREET ADDRESS CITY-ST-ZIP			NAME STIPPET ADDRESS CICY-ST-ZIP	DO NOT W	(RITE
ITTLE			TRES.	IN THIS SE	DACE /
NAME STREET ADDRESS			NAME STREET MUDRESS		~C .
CITY-ST-ZIP			CRY+ST-7IV		
YIZLE NAME			UPLE NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CHY-SY-ZPP-		
NAME			NAME		
STREET ADDRESS CITY-ST-ZIP			STREET AUDIGES CUTY-ST-ZIP		
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 empowelght 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 provided.					
attachment with an address, with all other like empoyered ESHALIDEN 7-28-2003 305-674-8402					
SIGNATURE OF SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIFFECTOR DIFFECTOR DESCRIPTION					

Attachmen 1#

Y0137051 P02000120196

July 28, 2003

To Whom It May Concern:

I have not received my Uniform Business Report (UBR) to date. There is some confusion concerning where it was sent but I have just switched accountants and this is the first UBR I have completed since the corporation was established last year. Please make an exception for my corporation, Esther M. McKenzie, M.D., P.A., and accept the enclosed \$150.00 check for the UBR fee.

Sincerely,

Esther M. McKenzie, M.D.