

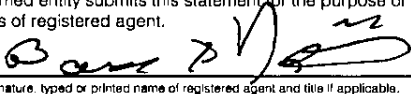



FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # P03000003845 1. Entity Name DORAL OUTPATIENT PHYSICIANS, INC.				Mar 13, 2008 08:00 Secretary of State	
Principal Place of Business 8660 W. FLAGLER ST SUITE 200 MIAMI, FL 33144		Mailing Address 8660 W. FLAGLER ST SUITE 200 MIAMI, FL 33144			
DO NOT WRITE IN THIS SPACE				01072008 No Chg-P CR2E034 (11/05)	
				4. FEI Number 30-0162727	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEITMAN, LORN 8660 W. FLAGLER ST SUITE 200 MIAMI, FL 33156				DO NOT WRITE IN THIS SPACE	
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  DAVID R. NATEMAN 2/28/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				DO NOT WRITE IN THIS SPACE U000000862342 04/03/08-80089-002 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LEITMAN, LORN 8660 W. FLAGLER ST SUITE 200 MIAMI, FL 33144				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NATEMAN, HARRY RICHARD 7700 N. KENDALL DR., #405 MIAMI, FL 33156				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NATEMAN, DAVID 7700 N. KENDALL DR., #405 MIAMI, FL 33156				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 				2/28/08 786 596-7992 <small>Date Daytime Phone #</small>	