

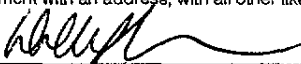


FILED

Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000038333 1. Entity Name DELOS CLIFT, M.D., P.A.				Jan 19, 2005 08:00 AM Secretary of State	
Principal Place of Business 3000 N ORANGE AVE STE A ORLANDO, FL 32804		Mailing Address 3000 N ORANGE AVE STE A ORLANDO, FL 32804			
DO NOT WRITE IN THIS SPACE					
				01062005 No Chg-P CR2E034 (10/03)	
				4. FEI Number 90-0064824 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLIFT, DELOS M.D. 3000 N ORANGE AVE STE A ORLANDO, FL 32804				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 000000185377 01/21/05-80013-012 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLIFT, DELOS M.D. 3000 N ORANGE AVE STE A ORLANDO, FL 32804				
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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)(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: 		Delos Clift (President)		1-17-05 407-472-0840	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	