| DOCUMENT # P03000068451     04-16-2007 90034 036 ***158.75       Linkinghoms     Mathip Address       BS25 SW 921H STREET, BUILDING B     Suffer # 7       MAM, FL 33156     Mathip Address       Suffer # 7     MAM, FL 33156       Suffer # 7     Suffer # 7       MAM, FL 33156     Suffer # 7       Suffer # 7     Suffer # 7       MAM, FL 33156     Suffer # 7       Suffer # 7     Suffer # 7       MAM, FL 33156     Suffer # 7       Suffer # 7     Suffer # 7 <tr< th=""><th>· 2</th><th>2007  </th><th>FOR PROF</th><th></th><th></th><th>тю</th><th>N</th><th></th><th>A</th><th>г<br/>pr 16,<br/>Secreta</th><th>1LE<br/>200<br/>ary</th><th>7 8:0<br/>of Sta</th><th>0 an<br/>ate</th></tr<>   | · 2                             | 2007                          | FOR PROF                                 |                  |                              | тю                   | N                      |                                    | A                              | г<br>pr 16,<br>Secreta    | 1LE<br>200<br>ary                        | 7 8:0<br>of Sta   | 0 an<br>ate                                |
|---|---------------------------------|-------------------------------|--|------------------|------------------------------|----------------------|------------------------|------------------------------------|--------------------------------|---------------------------|--|---|--|
| Solit S.M. 2011 STREET, BUILDING B   Solit S.M. 2011 STREET, BUILDING B     Solit S.M. 2013 STREET, | 1. Entity Nam<br>CLINICAL       | e                             |  |                  |                              |                      |                        |                                    |                                |                           |  |   |  |
| BSDS S.M. 9200 SIREEL; BUILDING B   BSDE AP, 14 etc.   03082007   Chg-P   CR2E034 (1206)     SIRE AP, 14 etc.   SUTE #7   03082007   Chg-P   CR2E034 (1206)     SIRE AP, 14 etc.   SUTE #7   03082007   Chg-P   CR2E034 (1206)     SIRE AP, 14 etc.   SUTE #7   03082007   Chg-P   CR2E034 (1206)     SIRE AP, 16 Size   MIRAL, FICRUPA   4. FEI Number   364.534125   Non Apabled Tor     33156   USA   LEA   Size AP, 16 Address of New Registered Apent   Non Apabled Tor     ARANGO, CLAUDIA G MD   Size AP, 16 Address of Current Registered Apent   Non A   Non A   Size AP, 16 Address of New Registered Apent     ARANGO, CLAUDIA G MD   Size AP, 16 Address of Current Registered Apent   Non A   Chy   FL   20 Code     L   The above named entry submits this statement for the purpose of changing its registered apent, or both, in the State of Points. Lam familiar with, and accep the obligations of registered apent.   FL   20 Code     SiGM-NUFF   Etc.   Non Anti- Controloging Financing   S.5.00 May bit   Size AM Direct Crist Number of Non Acceptable)   Chit     SiGM-NUFF   Size BA AD DIRECTORE   N11   Direct Contrologin Financing   Size A  | 8525 S.W. 9<br>Suite # 7        | 2TH STREE                     |  | 85<br>SU         | 25 S.W. 92TH STRE<br>ITE # 7 | et, bui              | LDING B                |                                    |                                |                           |  |   | (86) H (68)                                |
| SITE:     #7     SUTE #7     USUE:   | 8525 S.W                        | . 92ND S                      |  | 5 B 85.          | 25 Š.W. 92ND S               | SIRPET               | , вли                  | ING B                              |                                |                           |  |   |  |
| MIXMU, FLORIDA MIXMU, FLORIDA 36-4534125 Instrance   33756 Country 33756 Country 33756 Country 36-4534125 Status Desired Sta  | SUITE #7                        |                               |  | SUI              | SJTIE #7                     |                      |                        |                                    |                                |                           | CR2E                                     |   | nlied For                                  |
| 33130   USA   S3130   USA   Tell indicates     6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent     ARANGO, CLAUDIA G MD   Street Address of Po. Box Number is Not Acceptable)     STER-B-7   MAM, FL 33156     L.   City   FL     Street Address of Po. Box Number is Not Acceptable)     Street Address of agistered agent.   City     Street Address of Po. Box Number is Not Acceptable)     Street Address of Po. Box Number is Not Acceptable)     Street Address of Po. Box Number is Not Acceptable)     Street Address of agistered agent.     Street Address of Po. Box Number is Not Acceptable)     Street Address of Po. Box Number is Not Acceptable)     Street Address of Po. Box Number is Not Acceptable)     Street Address of Po. Box Number is Not Acceptable)     Street Address of Po. Box Number is Not Acceptable)     Street Address of Po. Box Number is Not Acceptable)     Street Address of Po. Box Number is Not Acceptable)     Number is Not Acceptable     P.T   Conficers And DirectOrAs Int Interview metaling     Not   Association     Address Street Address of May Be     Address Address Address of May Be     Addresstret  | MIAMI, F                        |                               | Country                                  |                  | MIAMI, FLORIDA               |                      |                        |                                    | 36-4534125 Not                 |                           |  | t Applicable  |  |
| ARANGO, CLAUDIA G MD<br>SS25 SW 92ND STREET<br>STEID-7<br>MAMI, FL 33156  | 33156                           | 6. Name                       | ·  |                  |                              | USZ                  | A<br>1                 |                                    |                                |                           |  |   | d  |
| C   | 8525 SW 9<br>STE B-7            | 2ND STF                       |  |                  |                              |                      | Street A               | ddress (I                          | P.O. Box Numb                  | er is Not Acceptabl       | le)                                      |   |  |
| SignATURE   Signature topold a prime runs of ingotiened logen and the if application   IDTE: Registered Agent signature received when remaining)   DATE     File NOWIT: FEE IS \$150.00<br>After May 1, 2007 Fee will be \$550.00   | 8. The above                    |                               |  | for the pu       | irpose of changing its       | register             |                        | r register                         | ed agent, or bo                | th, in the State of Fl    |  |   |  |
| 10.   OFFICERS AND DIRECTORS   11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11     TITLE   P. T   ARANGO, CLAUDIA G. M.D.   ITTLE   MUME   Additional Street Address   Item Addres   Item Address <td< td=""><td>-</td><td></td><td>-</td><td>ent and title if</td><td>applicable. (NO1</td><td>E: Registere</td><td>d Agent signat</td><td>ure required</td><td>when reinstating)</td><td></td><td>DATE</td><td>.<u></u></td><td></td></td<>  | -                               |                               | -  | ent and title if | applicable. (NO1             | E: Registere         | d Agent signat         | ure required                       | when reinstating)              |                           | DATE                                     | . <u></u>   |  |
| TITLE   P. T   Delete   TITLE   Delete   TITLE   D/P/T/S   Change   Additional content of the conten of the conten of the content of the content of the cont   |                                 |                               | 7 Fee will be \$550                      |                  | Trust Fund Con               | -                    |                        | \$5.<br>Add                        |                                |                           |  |   |  |
| Internet concernet   Image: Concernet concernet   Image: Concernet concernet     Internet concernet   S   Image: Concernet concernet   Image: Concernet concernet     INAME   AQUINO, LEON M.D.   B525-92ND STREET STE B-7   STREET ADDRESS   STREET ADDRESS     CITY-ST-2IP   MIAMI, FL 33156   Image: Concernet concernet   Image: Concernet   Addition     ITTLE   Image: Concernet   Image: Concernet   Image: Concernet   Addition     STREET ADDRESS   Image: Concernet   Image: Concernet   Image: Concernet   Image: Concernet     STREET ADDRESS   Image: Concernet   Image: Concernet   Image: Concernet   Image: Concernet   Image: Concernet     Image: Concernet   Image: Concernet   Image: Concerne   Image: Concernet   Image: Concernet </td <td>TITLE<br/>NAME<br/>STREET ADDRESS</td> <td>ARANGO<br/>8525 S.W</td> <td>), CLAUDIA G M.D.<br/>/. 92 STREET, BUILD</td> <td></td> <td>Delete</td> <td>titli<br/>Nam<br/>Stre</td> <td>E<br/>Re<br/>Eet address</td> <td>8525</td> <td>1/S<br/>30, claudi<br/>5.w. 92NC</td> <td>A G., M.D.<br/>SIREET, BUI</td> <td></td> <td>Change</td> <td>Addition</td>  | TITLE<br>NAME<br>STREET ADDRESS | ARANGO<br>8525 S.W            | ), CLAUDIA G M.D.<br>/. 92 STREET, BUILD |                  | Delete                       | titli<br>Nam<br>Stre | E<br>Re<br>Eet address | 8525                               | 1/S<br>30, claudi<br>5.w. 92NC | A G., M.D.<br>SIREET, BUI |  | Change  | Addition                                   |
| TITLE   Delete   TITLE   Change   Addition     NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition     TITLE   Delete   TITLE   Change   Addition     NAME   Delete   TITLE   Change   Addition     NAME   Delete   TITLE   Change   Addition     NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition     TITLE   Delete   TITLE   Change   Addition     NAME   STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP   CITY-ST-ZIP     TITLE   Delete   TITLE   Change   Addition     NAME   STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP   CITY-ST-ZIP     TITLE   Delete   TITLE   MAWE   Change   Addition     NAME   STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP   CITY-ST-ZIP   CITY-ST-ZIP     TITLE   Delete   TITLE   MAWE   Change   Addition     STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP   CITY-ST-ZIP   Change   Addition     TITLE <td>TITLE<br/>NAME<br/>STREET ADDRESS</td> <td>S<br/>AQUINO,<br/>8525-92N</td> <td>LEON M.D.<br/>ID STREET STE B-7</td> <td></td> <td>X Delete</td> <td>titli<br/>Nam<br/>Stre</td> <td>e<br/>Ie<br/>Eet address</td> <td></td> <td><u>, na 3910</u></td> <td><u></u></td> <td></td> <td>Change</td> <td>Addition</td>   | TITLE<br>NAME<br>STREET ADDRESS | S<br>AQUINO,<br>8525-92N      | LEON M.D.<br>ID STREET STE B-7           |                  | X Delete                     | titli<br>Nam<br>Stre | e<br>Ie<br>Eet address |                                    | <u>, na 3910</u>               | <u></u>                   |  | Change  | Addition                                   |
| NAME   STREET ADDRESS     CITY-ST-ZIP   CTY-ST-ZIP     TITLE   Delete     NAME   STREET ADDRESS     CITY-ST-ZIP   Change     NAME   STREET ADDRESS     STREET ADDRESS   CITY-ST-ZIP     TITLE   Delete     NAME   STREET ADDRESS     CITY-ST-ZIP   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 a   | TITLE<br>NAME<br>STREET ADDRESS |                               | 2 00100                                  |                  | Delete                       | TITLI<br>NAM<br>STRE | e<br>E<br>Eet adoress  |                                    |                                |                           |  | Change  | Addition                                   |
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| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP     NAME<br>STREET ADDRESS<br>CITY-ST-ZIP       12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information<br>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 cath; that I am an officer or director<br>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<br>changed, or on an attachment with an address, with all other like empowered.   | NAME<br>STREET ADDRESS          |                               |  |                  | Delete                       | NAM                  | ie<br>Eet address      |                                    |                                |                           |  | Change  | Addition                                   |
| 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 changed, or on an attachment with an address, with all other like empowered.  | NAME<br>STREET ADDRESS          |                               |  |                  | Delete                       | NAN<br>STRE          | ke<br>Eet address      |                                    |                                |                           |  | Change  | Addition                                   |
|   | of the cor<br>changed           | poration or t<br>or on an att | he receiver or trustee en                | noowered         | to execute this report       | t as requi<br>I.     | ired by Ch             | contained<br>have the<br>apter 607 | 7, Florida Statut              | es; and that my nar       | I further ce<br>oath; that<br>ne appears | ertify that the i<br>I am an officer<br>s in Block 10 o | nformation<br>or director<br>r Block 11 if |