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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SAN JOSE Clinic PA
(Name of Corporation)

DOCUMENT NUMBER: P03000109069

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HAZAR KASSIS
(Name of Contact Person)

SAN JOSE Clinic
(Firm/Company)

8823 SAN JOSE Blvd #209
(Address)

JACKSONVILLE, FL 32217
(City/State and Zip Code)

For further information concerning this matter, please call:

HAZAR KASSIS at (904) 256-3330
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

RECEIVED
06 DEC 14 AM 8:00
DIVISION OF CORPORATIONS

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2006

MAZAR KASSIS
SAN JOSE CLINIC, P.A.
8823 SAN JOSE BLVD., #209
JACKSONVILLE, FL 32217

SUBJECT: SAN JOSE CLINIC, P.A.
Ref. Number: P03000109069

We have received your document for SAN JOSE CLINIC, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 606A00069429

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FI in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SAN JOSE Clinic, P.A.
2. The principal office address: 8823 SAN JOSE Blvd #209
JAX FI 32217
3. The mailing address (if different): _____
4. Date of incorporation/qualification: Oct 7-03 Document number: P03000109069

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

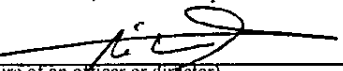
The FARAH Law Firm PA
8823 SAN JOSE Blvd #207
JACKSONVILLE, FI 32217

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ANTOINE KASSIS
8823 SAN JOSE Blvd #209
(P.O. Box NOT acceptable)
JACKSONVILLE, FI 32217

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

ANTOINE KASSIS - President -
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

11-28-06
(Date)

If signing on behalf of an entity:

ANTOINE KASSIS
(Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *

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DIVISION OF CORPORATIONS
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