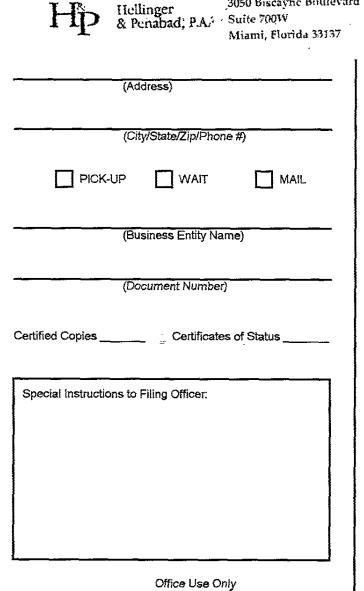
3050 Biscayne Boulevard





500080412745

10/05/06--01019--013 **35.00

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

| | | 102, 607,1508, or 617.1508, Florida Statutes, thi mized under the laws of the State of FLORIDA | <i>S</i> |
|--|--|---|------------------------------------|
| in orde | er to change its registered office or regis | stered agent, or both, in the State of Florida. | المجارية |
| 1. The name of | the corporation: BARRY TUVEL, DPM, | PA. | |
| | office address: 9159 SW 87 AVENUE, | | <u> </u> |
| 3. The mailing a | address (if different): | | |
| | | | |
| 4. Date of incor | poration/qualification: 5/25/2005 | Document number: P05000076329 | |
| | I street address of the current registered rtment of State: | agent and registered office on file with the | <u>.</u> |
| | ANDREW B. HELLINGER, ESQ., MELANI | D RUSSIN HELLINGER & BUDWICK, PA | 8 3 |
| | 200 SOUTH BISCAYNE BLVI | D., #3000 | 3 3 |
| | MIAMI, FLORIDA 33131 | | ' Jr 3 |
| 6. The name and (if changed): | d street address of the new registered ago | ent (if changed) and /or registered office | 06 OCT -5 PM 4: 10 |
| | HELLINGER & PENABAD, PA | 4 | |
| | 3050 BISCAYNE BLVD., SUIT | | |
| | (P.O Box NOT acceptab | le) | · · · · |
| | MIAMI, FLORIDA 33137 | | , |
| The street address changed will | ess of its registered office and the stree be identical. | et address of the business office of its registere | d agent, |
| Such change w authorized by t | as authorized by resolution duly adopt he board, or the corporation has been r | ed by its board of directors or by an officer so notified in writing of the change. | v |
| Mal | ane of an officer of director) | CORALEE PENABAD, auth. represent | ative |
| I hereby accept I further agree of my duties, ar document is be corporation ha | the appointment as registered agent a to comply with the provisions of all sta nd I am familiar with and accept the ol- ing filed merely to reflect a change in i s been notified in writing of this chang | md agree to act in this capacity. atutes relative to the proper and complete perf bligation of my position as registered agent. C the registered office address, I hereby confirm te. | ormance)r, if this that the |
| deal | gnature of Registered Agenti) | 9/29/2006 (Date) | |
| If signing on be | chalf of an entity: | | |
| | . PENABAD, ESQ. | | - |
| (| Typed or Printed Name) | | |

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)