## P06000142740

Dr. Eduardo Ramirez (Requestor's Name)
(Requestors Name)  2423 5.W. 147 ave # 14  (Address)
(Address)  Miani, FL 38185 . (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
_
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STATE

TALLAHASSEE, FLORIDA

RA chs, 12/20



December 13, 2007

DR. EDWARD RAMIREZ 2423 S.W. 147 AVE., #145 MIAMI, FL 33185

SUBJECT: UNITED HEALTH MEDICAL GROUP, INC.

Ref. Number: P06000142740

We have received your document for UNITED HEALTH MEDICAL GROUP, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please submit the attached form which is the correct form for a corporation. The form submitted was for an alien business organization.

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) 245-6901.

Susan Payne Senior Section Administrator

Letter Number: 707A00069705

RECEIVET:
007 DEC 19 AM:8: 00
SECRETARY OF STATE
ALLAHASSEE.FLORIDA

## 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 FLOAIDA
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: UNITED HEALTH MEDICAL GROUP IN
2. The principal office address: 2423 S-W-147 AVE #145
MIAMI, FL- 33185
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 11-13-06 Document number: P06000142740
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD. SUITE 10
TALLAHASSEE, FL. 32301-2960
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- PR- EDUARDO RAMINEZ
2423 S-W- 147 AVE - SUITE 145  (P.O. BOX NOT acceptable)
M14M1, FL 33185
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)  EDUARDO KAMIKEZ / 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) (Date)
If signing on behalf of an entity:
(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 12314
CR2E045 (8/05)