FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

APPROVED AND FILED

95 MAY 11 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000070691 (9)**

COMPREHENSIVE MEDICAL CORP.

1741 S.W. 138TH COURT
MIAMI FL 33175

1741 S.W. 138TH COURT
MIAMI FL 33175

3. 10/12/1993 — 3a. 07/26/1994

4. FEI Number: 65-0441446

5. Certificate of Status (Desired) [ ] — $8.75 Additional Fee Required

6. Certified Copy (Desired) [ ] — $5.00 May Be Added to Fees

8. Florida Statutes [ ] Yes [ ] No

21 3817 SW 8 Street
22
23 Coral Gables FL
24 33134 25 DADE

26 PO Box 440846
27
28 MIAMI FL
29 33144 30 DADE

9. Name and Address of Current Registered Agent

TURNES, ALFRED
1741 S.W. 138TH COURT
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1008, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS

TITLE	PD
NAME	TURNES, ALFRED
STREET ADDRESS	1741 S.W. 138TH COURT
CITY-ST-ZIP	MIAMI FL 33175
TITLE	~~STD~~
NAME	~~MARTINEZ, JORGE~~
STREET ADDRESS	~~9015 S.W. 125TH AVE~~
CITY-ST-ZIP	~~MIAMI FL 33186~~

13. ADDITIONS, CHANGES, OR DELETIONS

TITLE	PD STD
NAME	SANTANA, SUSANA
STREET ADDRESS	3817 SW 8 Street
CITY-ST-ZIP	Coral Gables FL 33134

Please remove Jorge Martinez

14. I hereby certify that the information supplied with this filing complies with the requirements of Section 607.0502, 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 12 or Block 13 with an address, with respect to the corporation identified.

SIGNATURE: Susana Santana 5995 305 5298840

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0191880 CP