

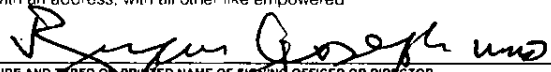


FILED
Apr 11, 2008 08:00 A]
Secretary of State

DOCUMENT # P94000014888 1. Entity Name LIBERTY MEDICAL ASSOCIATES, P.A.			
Principal Place of Business 6777 N.W. 7TH AVE. #2-4 MIAMI, FL 33150		Mailing Address 6777 N.W. 7TH AVE. #2-4 MIAMI, FL 33150	
DO NOT WRITE IN THIS SPACE			
		02062008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0475145	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			
JOSEPH, RUFUS MD 6777 N.W. 7TH AVE. #2-4 MIAMI, FL 33150		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		<div>U000000891352</div> <div>04/23/08-80022-008 150.00</div> DO NOT WRITE IN THIS SPACE	
TITLE	PTD		
NAME	JOSEPH, RUFUS MD		
STREET ADDRESS	6777 N.W. 7TH AVE.		
CITY, ST, ZIP	MIAMI, FL 33150		
TITLE			
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE			
NAME			
STREET ADDRESS			
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 appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered			
SIGNATURE: 		Date: 2/8/08 Daytime Phone: 305-751-2420	