2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000048392

Entity Name: HIALEAH EMERGENCY MEDICINE SPECIALISTS, INC.

FILED Apr 25, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

651 E 25 ST 651 E 25 S

HIALEAH, FL 33013 US HIALEAH, FL 33013

Current Mailing Address: New Mailing Address:

5401 POLK ST
HOLLYWOOD, FL 33021
SUITE 101
HOLLYWOOD, FL 33021

FEI Number: 65-0500336 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 OWEN, JUDSON L. III
 ST-CYR, ISABELLE

 155 NW 167 ST
 3900 HOLLYWOOD BLVD

 STE 200
 SUITE 101

 N MIAMI BEACH, FL 33169
 HOLLYWOOD, FL 33021

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.

SIGNATURE: ISABELLE ST-CYR 04/25/2002

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS () Delete Title: DPS (X) Change () Addition Name: DISKIN, ARTHUR L MD Name: DISKIN, ARTHUR L

 Address:
 5401 POLK ST
 Address:
 3900 HOLLYWOOD BLVD #101

 City-St-Zip:
 HOLLYWOOD, FL 33021
 City-St-Zip:
 HOLLYWOOD, FL 33021

 Title:
 DV
 () Delete
 Title:
 DV
 (X) Change () Addition

 Name:
 VIDAL, RAMON
 Name:
 VIDAL, RAMON

 Name:
 VIDAL, RAMON
 Name:
 VIDAL, RAMON

 Address:
 10900 KING BAY DR
 Address:
 10900 KING BAY DR

 City-St-Zip:
 BOCA RATON, FL
 33498

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR L DISKIN P 04/25/2002