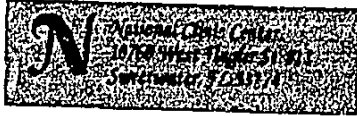


# P 94000057681



City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ **800002052618--4**  
(Corporation Name) (Document #) ~~01/09/97~~ 01054-012  
\*\*\*\*\*35.00 \*\*\*\*\*35.00
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in     Pick up time \_\_\_\_\_     Certified Copy  
 Mail out     Will wait     Photocopy     Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
97 FEB 17 PM 2:07

TLL FEB 17 1997

Examiner's Initials

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FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

January 16, 1997

NATIONAL CLINIC CENTER  
10760 WEST FLAGLER STREET  
#11  
SWEETWATER, FL 33174

SUBJECT: NATIONAL CLINIC CENTER, INC.  
Ref. Number: P94000057681

We have received your document for NATIONAL CLINIC CENTER, 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):

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

The \$35 previously sent will be applied to the filing fee when the statement of change is returned.

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 (904) 487-6905.

Thelma Lewis  
Corporate Specialist Supervisor

Letter Number: 797A00002274

Florida Department of State, Sandra B. Mortham, Secretary of State

**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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: NATIONAL CLINIC CENTER

2. The mailing address of the corporation is: 10760 WEST FLAGLER STREET SUITE: 11  
MIAMI, FL 33174

3. Date of incorporation/qualification: AUGUST 4, 1994 Document number: P94000057681

4. The name and address of the current registered agent and office:

HECTOR CAPOTE  
10760 WEST FLAGLER ST. SUITE 11  
MIAMI, FL 33174

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
97 FEB 17 PM 2:07

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

GISELLA MONCAYO  
10760 WEST FLAGLER ST. SUITE: 11  
MIAMI, FL 33174

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.

[Signature] 01/28/ 997  
(Signature of an officer, chairman or vice chairman of the board) (Date)

EUCLIDES ALVAREZ TITLE: DIRECTOR  
(Printed or typed name and title)

*Having been named as registered agent and to accept service of process for the above stated corporation, 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.*

GISELLA MONCAYO [Signature] 01/28/1997  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name) (Capacity)