ORTH MIAMI BEACH FL 33179       NORTH MIAMI BEACH FL 331794708       3. Date incorporated or Cualified       3. Date of Last Report         Child Age of Business       2a. Mining Address       4. File Number       1. Date incorporated or Cualified       3. Date of Last Report         State Apt #. etc.       2e.       State Apt #. etc.       65-0592461       Inst Applicable         City & State       21       State Apt #. etc.       6. Certificate of States Desired       56-7582461       Inst Applicable         City & State       21       Country       21       Country       8. The corporated or Cualified       3. Date of Last Report         Zip       Country       21       Country       21       Addot to fees       1. The corporated or Cualified       1. State Applicable         Zip       Country       21       21       Country       8. The corporated or Addot applic financing       4. State Applicable       1. State Applicabl	COF	ILE NOW: FILING F PROFIT RPORATION JAL REPORT 1997	FLC	DRIDA DEPAR Sandra E Secreta	\$550.00 RTMENT OF STATE 3. Mortham Iry of State CORPORATIONS	May 13	ILED 1997 8: ary of S	
Principal Prace of Business     Principal Prace of Busine	MEDICA Principal Plac 380 N.E. MIAI 140	L ASSOCIATES OF DAD	Mailing Add 1360 N.E. Mi #140	aross Ami gardens	•			
260     260     Stote, Apt. # otc.     261     Int Applicable       2004, Apt. # otc.     2004, Apt. #, otc.     6. Conflocate of Status Desired     Stote, Apt. # otc.       2017     2017     2017     2017     Country     8. Stote       2017     2017     2017     2017     Country     8. Stote       2017     2017     2017     2017     Country     8. The corporation nast table for intrangits in tax unders interview in			······································			06/12/1995		eport
Sullo, Apt. e, sic.	2. Principal F	Place of Business	⊢n <sup>ĕ</sup>	Address			┝╍╶╁╼┶	
City & State       City & State       City & State       State       State       State       City & State       State       City & State       City & State       State       City & State       City & State       State       City & State<	Suite, Apt.	#, etc.	Suile, Aj	pt. #, etc.			\$8.75	Additional
2/p       Country       20       20       30       Country       B. This corporation has liably for intenging to under is 199.032.         0. Name and Address of Current Registered Agent       To. Name and Address of Current Registered Agent       To. Name and Address of Nov Registered Agent         1380 NE. MIAMI GARDENS DRIVE #140 NORTH MIAMI BEACH FL 33179       61       Name       62       Street Address (P.O. Box Number is Not Acceptable)         14. Pursuant to the provisions of Sections 607 (602 and 607 1508, Thinds Statutes, the number hance carporation is board of directors. Thoreby accept the displanted agent and address (P.O. Box Number is Not Acceptable)       FL       62       Street Address (P.O. Box Number is Not Acceptable)         14. Pursuant to the provisions of Sections 607 (602 and 607 1508, Thinds Statutes, the number hance carporation is board of directors. Thoreby accept the displanted agent and statutes is board of directors. Thoreby accept the displanted agent and statutes.       FL       61       Circumstatute agent and accept the displanted agent and statutes.         SIGNATURE       Bigware Liver and and carpositions of Accept the displanted agent and statutes.       INIT       10       Diff         14. Pursuant to the provisions of Sections BOY 6002 and BOY 1508, Thoreby Accept the displanted agent and accept the displanted agent agent and accept the displanted agent and accept the displanted agent and accept the di	City & Stal	te	City & S	tato			\$5.00	May Be
S. Name and Address of Current Registered Agent         10. Name and Address of New Registered Agent           REINFELD, HOWARD B M.D. 1380 NE. MIAMI GARDENS DRIVE #140 NORTH MIAMI BEACH FL 33179         61         Name (E2)         Street Address (P.O. Box Number is Not Acceptable)           83         62         Street Address (P.O. Box Number is Not Acceptable)         63           84         City         FL         65         Zip Code           11. Pursuant to the provisions of Sections 607 X602 and 607 1508, Floridi Statutes, such once a subtorized by the corporation submits this statement for the provisions of the state of floridis. Such change was authorized by the corporation submits this statement for the provision to the provision the state of floridis. Such change was authorized by the corporation submits this statement for the provision to state of floridis. Such change was authorized by the corporation submits the statement for the provision to the provision t	Zip	Country	· · · · · · · · · · · · · · · · ·		Country	8. This corporation has liability for	r intangible tax under s	······
REINFELD, HOWARD B M.D. 1380 N.E. MIAMI GARDENS DRIVE #140 NORTH MIAMI BEACH FL 33179     61     Name       14.     Partial to the provisions of Sections 607,6402 and 607,1508, Fordia Statulos, the above named corporation submits this statement for the purpose of changing the registered office or registered again, or tothic, the bits that obligations of loads. Such the obligations of loads. Such	s			ent	30			
HEINFLED, HOWARD         12 MML           TREET ADDRESS         T380 NE MIAMI GARDENS DR., #140         1.3 SINET ADDRESS           Street ADDRESS         14 GIY-ST-ZIP           ITLE         DELETE         21 TITLE           IMME         22 NAME           Street ADDRESS         2.3 STREET ADDRESS           ITTLE         DELETE         21 TITLE           ITME         DELETE         21 TITLE           IAME         2.4 GITY-ST-ZIP	Durouant	to the evolutions of Sections 60	7 0602 and 607 1609	Elorido Statut	los the above named our	constine submits this statement for the		
HEINFLED, HOWARD         12 MML           TREET ADDRESS         T380 NE MIAMI GARDENS DR., #140         1.3 SINET ADDRESS           Street ADDRESS         14 GIY-ST-ZIP           ITLE         DELETE         21 TITLE           IMME         22 NAME           Street ADDRESS         2.3 STREET ADDRESS           ITTLE         DELETE         21 TITLE           ITME         DELETE         21 TITLE           IAME         2.4 GITY-ST-ZIP	SIGNATURE	Signature, typed or printed name of togiste	red agont and litle if applicable		E. Registered Agent signature requ	lifed when reinstating)	PL purpose of changing it opt the appointment as	s registered registered
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