DOCU	MENT # P95000	083233				* No. 1			
DORAL MEDICAL SERVICES, INC.					FILED				
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Principal Plac	ce of Business	Mailing Address					_		
11398 W FLAG 203	GLER ST.	11398 W FLAGLER ST. 203		\downarrow	SEU!- TALLA	IETAHY OF STA HASSEE, FLORI	TE		
MIAMI FL 3317	74	MIAMI FL 33174-1158				TOWELL, I COM	<i>IJ</i> Ą 		
2. Principal Place of Business		3. Mailing Address	~						
11398 W Flagher ET Suite, Apt. #, etc.		Suite, Apt. #, etc.			С	O NOT WRITE IN TH	IS SPACE		
203 City & Stat	te .	City & State	·.	4.	FEI Number 6	5-0616083		oplied For	
Zip 33/7	Country	Zip	Country	5.	Certificate of Stat	us Desired	\$8.75 Add	ditional	
	6. Name and Address of Curre	nt Registered Agent		7.	Name and Addre	ss of New Registere			
			Name		n Ray	Los Vave	2470		
	NET, IVONNE EAST 37 ST.				Box Number is No S ယ ဒ				
	LEAH FL 33013			•				_	
			City /	$\overline{}$			Zip Cod	e /	
			"" 🗲	toues	Tead		L Zip Cod	0371	
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8. The above	e named entity submits this statement	for the purpose of changing it	<u> </u>				r B3	069	
8. The above	e named entity submits this statement		<u> </u>	r registered aç	gent, or both, in th				
SIGNATURE .	Signature, typed or printed name of registered ago oration is eligible to satisfy its Intangil	ont and title if applicable. (NC	Is registered office of DTE: Registered Agent signal	r registered ag	gent, or both, in th	e State of Florida.	E		
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of the corporation or the feceiver or trustee empowered to execute this report a changed, or on an attachment with proceedings, with all other like empowered.

SIGNATURE: 🔀

e recurred SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # Date