

P96000016055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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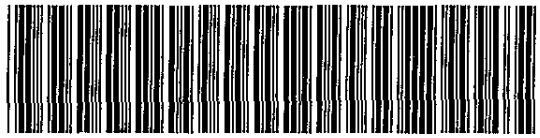
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NTIONL MEDICAL GROUP, INC  
(Name of corporation)

**DOCUMENT NUMBER:** P96000016055

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

MARIE FRANCE ADAM, M.D  
(Name of contact person)

NATIONAL MEDICAL GROUP, INC  
(Firm/Company)

1001 N W 54 TREET SUITE L  
(Address)

MIAMI FLORIDA, 33127  
(City/state and zip code)

For further information concerning this matter, please call:

MARIE FRANCE ADAM, M.D at ( 305 ) 7543127  
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**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, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NATIONAL MEDICAL GROUP, INC.
2. The principal office address: 1001 N W 54 STREET SUITE L  
MIAMI FLORIDA, 33127
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/21/96 Document number: P96000016055
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

NSIDIBE IKPE, D.O  
6630 BISCAYNE BOULEVARD  
MIAMI FLORIDA, 33138

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MARIE FRANCE ADAM, M.D  
1001 N W 54 STREET SUITE L  
(P.O. Box NOT acceptable)  
MIAMI FLORIDA, 33127

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TALLAHASSEE, FLORIDA

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, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
(Signature of an officer or director)

RUDOLPH MOISE, D.O  
\_\_\_\_\_  
(Printed or typed name and title)

*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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
(Signature of Registered Agent)

08/09/2005  
\_\_\_\_\_  
(Date)

If signing on behalf of an entity:

MARIE FRANCE ADAM M.D.  
\_\_\_\_\_  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314