P9600 abreau	0089	565
Requester's Name  30.30 Collins ave.  Address  Mani Black J.  City/State/Zip Phon	33140 <sup>*</sup>	0000030189807 -10/19/9901091008 *****35.00 *****35.00
		Office Use Only
CORPORATION NAME(S) & DO	CUMENT NUMBER(S), (if	
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1. (Corporation Name)	(Document #)	
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2. (Corporation Name)	(Document #)	99 OCT FI
3. (Corporation Name)	(Document #)	TIO METASSEE
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Walk in Pick up time	_	Certified Copy
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NEW FILINGS	AMENDMENTS	· · · · · · · · · · · · · · · · · · ·
☐ Profit☐ Not for Profit	Amendment  D Projections CP	
Limited Liability	Change of Registe	A., Officer/Director
Domestication	Dissolution/Withd	
☐ Other	☐ Merger	
OTHER FILINGS	REGISTRATION/QU	JALIFICATION
Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnershi ☐ Reinstatement ☐ Trademark	P RA Chg.
	Other	V Chen
		V. SHEPARD OCT 2 9 1999
CR2E031(7/97)		Examiner's Initials

## 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
the State of Florida.
1. The name of the corporation is: Trzobical Medicine Coreb
2. The mailing address of the corporation is: 111 NE 2da AVE # 1903
Maami, FL 33132
3. Date of incorporation/qualification: Oct 31, 1996 Document number: P96000089565
4. The name and address of the current registered agent and office:
Marsisol Abreu
3500 SW 89 CT - 70 8
Miami, FL 33165
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable 7
Barbara E Valdes Herznandez Fig = 0
3030 Collins Ave
Miami, Beach FL 33140
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.
Seb-22-1999
(Signature of an officer, chairman or vice chairman of the board) (Date)
Marsisol Abrew President (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.
BONT. 10/14/99.
(Signature of Registered Agent) (Pate)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
*** FILING FEE: \$35.00 *** Paid Check #157
GD-T015/4/95

P.O. Box 6327

TALLAHASSEE, FL 32314

DIVISION OF CORPORATIONS