## P98000029468

Requestor's Name

Address

City/State/Zip Phone #

700002656137—6 -10/05/98-01144-001 \*\*\*\*455.00 \*\*\*\*\*35.00 Office Use Only

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

A Partnership Including Professional Corporations 201 South Biscayne Boulevard 22nd Floor Miami, FL 33131-4336 305-358-3500 Facsimile 305-347-6500

Certificate of Status

## MCDERMOTT, WILL & EMERY

Will wait Photocopy		
AMENDMENTS		
Amendment		
Resignation of R.A., Officer/ Director		
Change of Registered Agent		
Dissolution/Withdrawal		
Merger		

OTHERWILINGS
Annual Report
Fictitious Name
Name Reservation

RECESSIFICATION/ QUALITICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

Jang Jang

98 OCT -5 PM I2: 29
SECRETARY OF STATE
SECRETARY OF STATE

APPROVED

Examiner's Initials

## Florida Department of State, Jim Smith, Secretary of State

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of section 60 signed corporation organized under the the following statement in order to chan both, in the State of Florida.	laws of the Sta	ete of Florida	, submits
1. The name of the corporation is:	MBO ACQUISITI	ON, INC.	-
1a. Date of incorporationMarch	31, 1998	Document number	3r P98000029468
2. The name and address of the curre	nt registered a	gent and office:	
David Peck 2255 Glades Road, Suite 416-A	, Boca Raton,	Florida 33431	SECA ALLA
3. The name and address of the new re (P.O. Box Not Acceptable)	gistered agent	and office:	I -5 PI ETARY O
Peter H. Harris, Esq.  c/o OMNA Medical Partners, In 2255 Glades Road, Suite 416-A	. Boca Raton,	Florida	
of its registered agent as changed, will to Such change was authorized by resolut an officer so authorized by the board.		ed by its board of	directors or by
. SI	GNATURE	(name and title)	
מ	David Peck, Septemb	(name and title) President 1998	,
HAVING BEEN NAMED AS REGISTERS PROCESS FOR THE ABOVE STATED OF IN THIS CERTIFICATE, I HEREBY ACC AGENT AND AGREE TO ACT IN THIS OF WITH THE PROVISIONS OF ALL STATE PLETE PERFORMANCE OF MY DUTIES THE OBLIGATION OF MY POSITION AS	ED AGENT ANI CORPORATION EPT THE APPO CAPACITY. I F JTES RELATIV S, AND I AM F	O AT THE PLACE INTERIOR AS RECONSTRUCTION OF THE PROPERTY AMILIAR WITH AN AGENT.	DESIGNATED GISTERED TO COMPLY ER AND COM- ID ACCEPT
	ATE	<del>-</del>	1998

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 **FILING FEE: \$35.00** CR2E045 (7-90)