## P98000070688

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

## MCDERMOTT, WILL & EMERY

	•	
Mail out	Will wait Photocopy Certificate of Status	
NEW FILINGS	AMENDMENTS	98 OCT -5 SECRETAIN
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/Director	
Limited Liability	Change of Registered Agent	PH 12: 30 H, FLORID
Domestication	Dissolution/Withdrawal	)   132   33
Other	Merger Unit	
Annual Report Fictitious Name Name Reservation	REGISTRATION/ QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other	-

Examiner's Initials

以下の 本下 心情ない

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

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

signed corporation organized under the following statement in order to o both, in the State of Florida.	the laws c	of the St	ate of $\underline{^{\mathrm{F1}}}$	orida	, subi	mits
1. The name of the corporation is: -	KF AC	QUISITI	ON, INC.		<del></del>	<u></u>
1a. Date of incorporation August	13, 1998	-	Docume	ent numbe	P9800	0070688
2. The name and address of the c	urrent regi:	stered a	gent and	office:	TAEC SEC	30 86
David Peck 2255 Glades Road, Suite 4	16-A, Boca	Raton,	Florida	33431	AHASS HASS	<u> </u>
3. The name and address of the new (P.O. Box Not Acceptable)		d agent	and offic	e:	FLOR STA	- 12; - 13;
Peter H. Harris, Esq. c/o_OMNA Medical Partners 2255 Glades Road, Suite 4.	16 <sup>Inc</sup> .Boca	Raton,	Florida	3343		<u> </u>
of its registered agent as changed, such change was authorized by res an officer so authorized by the boar	solution dul		ed by its	board of	directors	or by
•	SIGNATI		(name	and title)		· · ·
	David DATE _		Presider ptember	and title) 1998		
HAVING BEEN NAMED AS REGIST PROCESS FOR THE ABOVE STATI IN THIS CERTIFICATE, I HEREBY A AGENT AND AGREE TO ACT IN TH WITH THE PROVISIONS OF ALL ST PLETE PERFORMANCE OF MY DU THE OBLIGATION OF MY POSITIO	TERED AGI ED CORPO ACCEPT TI IIS CAPAC FATUTES I ITIES, AND N AS REG	ENT AN DRATION HE APP CITY. I F RELATIV DI AM F ISTERE	D TO AC N AT THI OINTME FURTHEF /E TO TH AMILIAR D AGEN	E PLACE I NT AS REA R AGREE T HE PROPE WITH AN	DESIGNA GISTERE FO COM ER AND (	ATED ED PLY COM-
	SIGNATI		(Red	istered A	gent)	
	Peter DATE	n. Hari	is, Esq. Septemb		1998	
Division of Corporations,	_	x 6327	<del>-</del>		FL 323	14

CR2E045 (7-90)

FILING FEE: \$35.00