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•		Manny Madess		
C & L Me	dical Center	71C S.W. 17		
		Mìami, Flor	ida 33135	
Principal Place of E		3. Mailing Address		
	ounty, Florida	71C S.W. 17	th Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, elc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number Applied For
			3135	65-C947C55 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired Status Desir
6. N	ame and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
			Namé	
	OS MARTIN DES MARTIN	_	Street Ac	dress (P.O. Box Number is Not Acceptable)
	S.W. 17th Ave			
	i, Elorida 331	142	City	FL Zip Code
The above named	entity solutions this statement to	r the purpose of changing its	registered office or	registered agent, or both, in the State of Florida.
GNATURE	ANA			04-15-00
Signature	, typed or patitied raine of registered agent	and title if Applicable (NOT	E: Registered Agent signat	re required when reinstating) DATE
•	s eligible to satisfy its intangible	and the state of the second	II FEE 18 \$150.0	10. Election Campaign Financing _ \$5,00 May Be
•	hent and elects to do so.	24 Z. B. Bridger and S. Coldtan Mark, Row Lower	00 Fee will be \$5	50,00 Trust Fund Contribution.
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