S. Name and Address of Current Registered Agent GMITTER, TAMARA L. 1604 TOWN CENTER BLVD. SUITE D WESTON FL 33326 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fordia. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax Killing requirement and exerts to do so. After May 1, 2002 Fee will be \$550.00 Make Chock Payable to Department of State Title Make SHEET ADDRESS CITY-ST-2P Delete Change Addition Make SHEET ADDRESS CITY-ST-2P Change Addition Make SH	DOCUMENT # \$54865 1. Entity Name TAMARA L. GMITTER, M.D., P.A.					Secretary of State 02-13-2002 90124 031 ***150.00	l
2 Principal Place of Business (s. Marting Address 3) Adding Address 3 Addres	1604 TOWN (SUITE D WESTON FL US	CENTER BLVD. 33326	1076 N.W. 20TH RO	zpore			
City & State City & State City & State Country Country S. Certificate of Starus Desired Starus Desired Not Applicable S. Name and Address of Current Registered Agent Fire Required S. Name and Address of Current Registered Agent To Martine and Address of New Registered Agent Annual Country S. Certificate of Starus Desired Starus	7301-A	Place of Business . W. Palmetto Park	Rd. 7301-4	Lo. Patin	ello 1	Park Rel	
SOCIA Kadom Country Zip Country Zip Country S. Certificate of Starus Desiree S. F. Additional Fee Required S. Additional Fee Required S. Certificate of Starus Desiree S. Additional Fee Required S. Certificate of Starus Desiree S. Additional Fee Required S. Certificate of Starus Desiree S. Additional Fee Required S. Additional Fee Re	Suite	305-A	Stull 305	A		4 EEI Number	ז
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CMITTER, TAMARA L. 1604 TOWN CENTER BLVD. SUITE D WESTON FL 33326 WESTON FL 33326 WESTON FL 33326 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intanglic Tax Militing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 13. WASHELL ADDRESS 14. Change Addition 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 16. Election Campaign Financing Addition 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 18. MAKE 19. MAKE	334.	33 054	きょうりょう			Fee Required	
SIGNATURE Signature, typed of uperted arginer and relief applications with title of applications. (NOTE: Registered Agent signature required when remaintains) DATE	1604 TOV SUITE D	, TÄMARA L. VN CENTER BLVD.		Street Ac	nith Idress (P.	FCR, TAMATA L. PO BOX Number of Not Asceptation Blood W. Palmetto Park Rd, Suite 305	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIGNATURE 9. This corporate filing	Signature, typed of purified name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so.	title if applicable. (NOTE FILE NOW!! After May 1, 200	Registered Agent signature FEE IS \$150.0 Fee will be \$55	re required w	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS	P GMITTER, TAMARA L. 1976 NW 29TH RD		TITLE NAME STREET ADDRESS	CT T		10000
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	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			

I nereby ceruity mat the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

GNATURE:

SIGNATURE: