

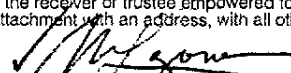


**FILED**  
**Mar 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S78725</b> 1. Entity Name <b>MICHAEL A. LANGONE, M.D., P.A.</b>			
Principal Place of Business <b>1420 S FEDERAL HWY HOLLYWOOD, FL 33020</b>		Mailing Address <b>1420 S FEDERAL HWY HOLLYWOOD, FL 33020</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01192004    No Chg-P    CR2E034 (10/03)	
		4. FEI Number <b>65-0281870</b>	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LANGONE, MICHAEL A. 1420 S FEDERAL HWY HOLLYWOOD, FL 33020</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  U00000080917 03/08/04-80129-008 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D LANGONE, MICHAEL A. 1420 S FEDERAL HWY HOLLYWOOD, FL 33020</b>			
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12. I hereby certify that 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		3-404    954 920 1230	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date    Daytime Phone #	