601172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T BROWN APR 10 2003

P.A. change

CFRA, LLC
Registered Agent Services
A Subsidiary of Carlton Fields

ONE HARBOUR PLACE, 5TH FLOOR
777 S. HARBOUR ISLAND BOULEVARD
TAMPA, FLORIDA 33602-5730

MAILING ADDRESS:
P. O. BOX 3239
TAMPA, FLORIDA 33601-3239
TEL (813) 223-7000 FAX (813) 229-4133

March 31, 2003

Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Registered Agent Statements of Change

Gentlemen:

Please find enclosed statement of change for the registered agent of Aztec Medical Services, Ltd.; Aztec Medical Systems, L.C.; Cohen, Madorsky, Pinon & Santa Cruz Urology Center of South Florida, P.A.; and ABR of Daytona, Inc.

Also enclosed is Carlton Fields' Check No. 313228 in the amounts of $130.00 for the payment of the filing fees of the above-described statements of change.

Very truly yours,

Joyce F. Bentubo
Administrative Assistant

jfb
Enclosures

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Cohen, Madorsky, Pinon + Santa Cruz Urology Center of South Florida, P.A.
2. The principal office address: 7400 SW 87 Ave., Suite 240
   Miami, FL 33173
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/1/69 Document number: 601172
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
   Marsha Madorsky
   100 SE 2nd St, Suite 4000
   Miami, FL 33131

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
   CFRA, LLC
   One Harbour Place, 777 S. Harbour Island Blvd., Ste 500
   (P.O. Box or personal mailbox **NOT** acceptable)
   Tampa, FL 33602

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

X _____ X MARTIN C. MADORSKY
(Signature of an officer, chairman or vice chairman of the board) (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

_____ 3-13-03
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:
Peter J. Winders Vice President
(Typed or Printed Name) (Capacity)

*** * * FILING FEE: $35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314