FILED

May 02, 2003 8:00 am Secretary of State

05-02-2003 90192 024 ***150.00

F98000005444

1. Entity Name

AMBULATORY RESOURCE CENTRES MANAGEMENT SERVICE

SYMBIONARC MANAGEMENT SERVICES, I

	e of Business	Mailing Address		7					
3401 WEST E	ND AVE	3401 WEST END AVE		}		i			
STE 120 NASHVILLE TI		STE 120		-	**************	48111 88111 88111 88111			
MASHVILLE II	N 37203	NASHVILLE TN 37203							
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Suite, Apt.		Suite, Apt. #, etc.			☐ CHECK	HERE IF MAKING	CHANGES		
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Nash		Nashville	TN		4. FEI Number 62-173	36048	<u> </u>	ot Applicable	
Zip	Country	Zip	Country		- 0 10 1 10 1		\$8.75 Add		
3721	5 USA	37215	USA		5. Certificate of Status De	esired	Fee Require		
	6. Name and Address of Current R	legistered Agent	N		7. Name and Address of	New Registered	Agent		
MDM 050	1050 110-	• •	Name (T (Corporati	on Sve	ton	\sim	
•	VICES, INC.		Street Ad	ddress (P.C	D. Box Number is Not Acc			*	
	RK AVENUE		ļ	 -					
TALLAHAS	SSEE FL 32301		1120	2 5	outh Pir	relska	nd R	d	
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8. The above	named entity submits this statement for	the purpose of changing its re		registered	agent, or both, in the Sta	te of Florida. I am	familiar with,	and accept	
the obligat	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									
OIGHWAY OF IE	Signature, typed or printed regree of registered agent ar	nd title if applicable: (NOTE:)	Registered Agent signatu	re required wh	en reinstating)	DATE			
E	ILE NOW!!! FEE S \$150.00	47			E				
								MI	
Afte	r May 1, 2003 Fee will be \$550.00	32			• • • • • • • • • • • • • • • • • • •			May Be	
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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 empow

SIGNATURE: