

F99000005215

CORPORATION(S) NAME

Emergency Care Specialists of Texas, P.A.

RA
Chattop

02 JUL -2 PM 3:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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- Profit
- Nonprofit
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- LLC
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- Merger
- Mark
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- Change of RA
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- CUS
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DIVISION OF CORPORATION

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Document OR
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7/2/02

Order#: 5422590
Ref#: _____
Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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-07/02/02--01044--024
*****35.00 *****35.00

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, the undersigned corporation organized under the laws of the State of Texas submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : Emergency Care Specialists of Texas, P.A.

2. The mailing address of the corporation : 2828 Croasdaile Drive

Durham, North Carolina 27705

3. Date of incorporation/qualification: 10/08/99 Document number: F99000005215

4. The name and address of the current registered agent and office:

Registered Agents of Florida, LLC

110 SE 2nd Street, Suite 3500

Miami, Florida 33131

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road,

Plantation, Florida 33324

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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.

Anita S. Wagner
(Signature of an officer, chairman or vice chairman of the board)

JUN 26 2002
(Date)

Anita S. Wagner, Secretary
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

C T Corporation System
By: Joan Bolden
(Signature of Registered Agent)

7/1/02
(Date)

If signing on behalf of an entity:

JOAN BOLDEN
(Typed or Printed Name) ASSISTANT SECRETARY (Capacity)

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