

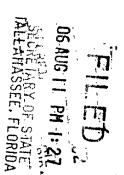
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ROBERT W. MEAD, JR. 407-428-5111 rmead@deanmead.com

August 7, 2006

PERSONAL AND CONFIDENTIAL

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re:

Central Florida Internists, Inc.

Document Number: P01000115312

Dear Sir or Madam:

Enclosed please find the original and one copy of a **Statement of Change of Registered Office or Registered Agent**, which we would appreciate your filing on behalf of the above corporation, together with our **check** in the amount of \$35.00 for the filing fee. Please return the copy to me, with your filing stamp, at the above address.

Thank you for your assistance.

Sincerely yours,

Robert W. Mead, Jr.

RWM/kj Enclosures

cc:

Donna Khan

without enclosures

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

Pursuant to the provisions of sections 607.0502, 617. statement of change is submitted for a corporation or	rganized under the laws of the State of Florida
	gistered agent, or both, in the State of Florida.
1. The name of the corporation: Central Florida Int	
2. The principal office address: 2918 17th Street,	St. Cloud, Florida 34769
3. The mailing address (if different):	
4. Date of incorporation/qualification: 12/05/01	Document number: P01000115312
5. The name and street address of the current registere Florida Department of State:	ed agent and registered office on file with the
Robert W. Mead, Jr.	TALL OF
800 North Magnolia Ave	enue, Suite 201
Orlando, Florida 32803	SSE T
6. The name and street address of the new registered (if changed):	agent (if changed) and /or registered office
Donna M. Khan	
2918 17th Street (P.O. Box NOT accept	deble)
St. Cloud, Florida 3476	•
The street address of its registered office and the stras changed will be identical.	reet address of the business office of its registered agent,
Such change was authorized by resolution duly add authorized by the board, or the corporation has bee	opted by its board of directors or by an officer so n notified in writing of the change.
Signature of an officer or director)	Muhammad A. Khan, M.D., President (Printed or typed name and title)
I hereby accept the appointment as registered agen I further agree to comply with the provisions of all of my duties, and I am familiar with and accept the document is being filed merely to reflect a change is corporation has been notified in writing of this cha	statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the
Dama Ka	August <u>⊋</u> , 2006
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	· · · · · · · · · · · · · · · · · · ·
(Typed or Printed Name)	
	~ FFF. ¢25 ()() * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)