P02000094598

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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Doctors Health Group of South Florida (Name of Corporation)
DOC	UMENT NUMBER: P02000094598
	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Mark H. Goldberg, Esquire (Name of Contact Person)
	Mark H. Goldberg, P.A. (Firm/Company)
	4780 Davie Road, Suite 101 (Address)
	Davie, Florida 33314 (City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Mark	H. Goldberg, Esquire at (954) 252-5800 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, ange is submitted for a corporation organized under the laws of the State of Florida ler to change its registered office or registered agent, or both, in the State of Florida.	this
1. The name of t	the corporation: Doctors Health Group of South Florida	
	l office address: 10081 Pines Boulevard, Suite D, Pembroke Pines, FL 33024	
3. The mailing a	address (if different): 10081 Pines Boulevard, Suite D, Pembroke Pines, FL 33024	
4. Date of incorp	rporation/qualification: 8/29/2002 Document number: P02000094598	
	d street address of the current registered agent and registered office on file with the artment of State:	
	Mark H. Goldberg, Esquire	
	5400 S. University Drive, Suite 601	
	Davie, Florida 33328	1 07 A
6. The name and (if changed):	FILE	
	Mark H. Goldberg, Esquire	O
•	4780 Davie Road, Suite 101	55
	Davie, Florida 33314	
The street addre	ress of its registered office and the street address of the business office of its registe I be identical.	red agent,
	as authorized by resolution duly adopted by its board of directors or by an officer substant of the corporation has been notified in writing of the change.	50
(Syknato	dre of anothicer or director) Juan Basio Pr (Printed or typed name and tyne)	esdent
1 mx	I The appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete pend I am familiar with and accept the obligation of my position as registered agent. The desired merely to reflect a change in the registered office address, I hereby confirm been notified in writing of this change.	rformance Or, if this m that the
	Typed or Printed Name)	

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