

P100000018902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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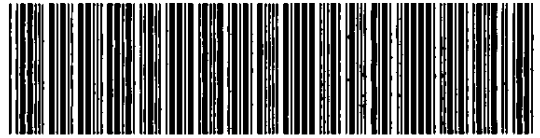
(Business Entity Name)

(Document Number)

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*RA Change*

05/21/10--01013--006 \*\*35.00

2010 MAY 21 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*ASR*  
*5/24/10*

# McLin & Burnsed

Professional Association

ATTORNEYS AT LAW

May 19, 2010

Walter S. McLin, III (1935-2007)  
R. Dewey Burnsed (1939-2007)  
Matthew D. Black  
Mark A. Brionez  
Gary Fuchs  
Frederick T. Góller, LL.M., E.P.  
Brian D. Hudson  
Stephen W. Johnson  
Erick Langenbrunner  
Stephanie J. McCulloch  
G. Michael Mahoney

John D. Metcall  
Fred A. Morrison  
Richard P. Newman  
Steven M. Roy  
Jeffrey P. Skates  
Phillip S. Smith  
Joseph S. Thomas

Of Counsel:  
Lynn E. Burnsed  
Board Certified, Healthcare Law


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

Re: Amendment to Florida Cardiovascular Specialists, PA  
(P10000018902)

To Whom It May Concern:

Enclosed for filing with the Secretary of State of Florida is a Statement of Change to Registered Agent which also includes a change to the mailing address for Florida Cardiovascular Specialists, PA and a check for \$35.00 for filing fees. Thank you for your assistance in this matter. If you have any questions, please do not hesitate to contact me at 352-787-1241.

Sincerely,



Lynn E. Burnsed

LEB

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Florida Cardiovascular Specialists, PA
- 2. The principal office address: 1020 E. North Boulevard, Leesburg, FL 34748
- 3. The mailing address (if different): same

4. Date of incorporation/qualification: 3/3/2010 Document number: R10000018902

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Mary J. Tucker  
1020 E. North Boulevard  
Leesburg, FL 34748

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Hector Garcia, M.D.  
1020 E. North Boulevard  
Leesburg, FL 34748  
P.O. Box NOT acceptable

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.

*[Signature]*  
Signature of an officer or director

Hector Garcia, M.D.  
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.*

*[Signature]*  
Signature of Registered Agent

May 15, 2010  
Date

If signing on behalf of an entity:  
  
\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR28045 (8/05)

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2010 MAY 21 11 PM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA