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salazar santiago villegas & sabates, p	o.a	
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, f change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State
	office address: 5000 University Dr., 3rd Floor Coral Gables, FL 33146
3. The mailing a	address (if different):
	poration/qualification: 4 1 98 Document number: P98 0000 2997
	Cober Corporate Agents 2601 5 Bayshore Or, 19th Floor Miami FL 33133
6. The name and changed):	Juan Salazar M.D. Sooo University Drive (3 1960) (P.O. Box or personal mailbox NOT acceptable) Coral Gables, FL 33146
_	ess of its registered office and the street address of the business office of its registered ed will be identical. as authorized by resolution duly adopted by its board of directors or by an officer so he board, of the corporation has been notified in writing of the change.
I hereby accept I further agree performance of registered agen office address, (S) If signing on behal	chairmen by vice chairman of the board) The appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and complete finy duties, and I am familiar with and accept the obligation of my position as set. Or, if this document is being filed merely to reflect a change in the registered I hereby confirm that the corporation has been notified in writing of this change. 3 12 03 Ignature of Registered Agent) If of an entity: AN SALAZAR M.D. Fundament
	Typed or Printed Name) (Capacity)

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