V33113

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Submoss Entry Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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SECRETARY OF STATE

COVER LETTER

TO:	Amendment Section Division of Corporations	•		
SUBJE	CT: FROST ADMINIST	RATIVE SERVICES, INC.		
	(Name o	f Corporation)		
DOCUM	MENT NUMBER:	3113		
The encl	losed Statement of Change of Registered Of	fice/Agent and fee are submitted for filing.		
	eturn all correspondence concerning this ma	•		
	STEVEN RUB	IN, ESQ.		
(Name of Contact Person)				
(Firm/Company)				
4400 BISCAYNE BOULEVARD				
(Address)				
MIAMI, FLORIDA 33137				
(City/State and Zip Code)				
For furth	ner information concerning this matter, pleas	se call:		
	ANNEMARIE PASCUAL	at (305) 575-6511 (Area Code & Daytime Telephone Number)		
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed	d is a \$35.00 check made payable to the Dep	partment of State.		
	Mailing Address:	Street Address:		
	Mailing Address: Amendment Section	Street Address: Amendment Section		
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
	P.O. Box 6327 Tallahassee, FL 32314	2661 Executive Center Circle		
	1 analiassee, 1 L 32317	Tallahassee, FL 32301		

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

Pursuant to the provisions of sections 607.0302, 617.0302, 607.1308, or 617.1 statement of change is submitted for a corporation organized under the laws of in order to change its registered office or registered agent, or both, in	f the State ofFLORI	
1. The name of the corporation: FROST ADMINISTRATIVE SERVICE	·	
2. The principal office address: 4400 BISCAYNE BOULEVARD		
MIAMI, FLORIDA 33137		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 5/01/1992 Document num	ber: <u>V33113</u> 5	
The name and street address of the current registered agent and registered of Florida Department of State:	fice on file with the	7
ROBERT F. HUDSON, JR.		07
701 BRICKELL AVE SUITE 16	600 AHA	FIL MAY 29 CRETAR)
MIAMI, FL 33131		m _ m
6. The name and street address of the new registered agent (if changed) and /or (if changed):	registered office CORIO	D AH 8: 52 Of State
STEVEN RUBIN, ESQ.	∑>	, •
4400 BISCAYNE BOULEVARD (P.O. Box NOT acceptable)		
MIAMI, FLORIDA 33137		
The street address of its registered office and the street address of the business changed will be identical.	_	-
Such change was authorized by resolution duly adopted by its board of dire authorized by the board, or the corporation has been notified in writing of the	he change.	so
	P FROST, M.D	• PRESIDENT
I hereby accept the appointment as registered agent and agree to act in this I further agree to comply with the provisions of all statutes relative to the proof my duties, and I am familiar with and accept the obligation of my position document is being filed merely to reflect a change in the registered office accorporation has been notified in writing of this change.	s capacity. roper and complete pe n as registered agent. ddress, I hereby confir	erformance Or, if this rm that the
SED.	5/4/07	
(Signature of Registered Agent)	(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 CR2E045 (8/05)