

05-09-2002 13:32

From-STRAWN MONAGHAN & COHEN

561-278-9462

T-750 P.001/002 F-355

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466968

Florida Department of State  
Division of Corporations  
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REGISTERED AGENT CHANGE

PALM BEACH ANESTHESIA ASSOCIATES, P.A.

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# 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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Palm Beach Anesthesia Associates, P.A.

2. The mailing address of the corporation:

109-C JFK Drive, Atlantis, FL 33462

3. Date of incorporation/qualification: 12/31/1974 Document number: 466968

4. The name and address of the current registered agent and office:

Joel Reinstein, Esq.

5355 Town Center Road, Suite 801

Boca Raton, FL 33486

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)

Jeffrey Cohen, Esq.

54 N.E. Fourth Avenue

Delray Beach, Florida 33483

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.

William W. Caskey, M.D.  
(Signature of an officer, chairman or vice chairman of the board)

2 MAY 2002

(Date)

WILLIAM W. CASKEY, M.D.

PRESIDENT, PALM BEACH ANESTHESIA ASSOCIATES  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Jeffrey L. Cohen  
(Signature of Registered Agent)

5/7/2002  
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314

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