

600117

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TALLAHASSEE, FLORIDA

ADR
7/12/11



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 842303 80690A

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 35.00

ORDER DATE : July 12, 2011

ORDER TIME : 9:52 AM

ORDER NO. : 842303-005

CUSTOMER NO: 80690A

CHANGE OF AGENT

NAME: BROWN, DAVILA, KHAN, MAZA, RUIZ &
WHIRLEY-DIAZ M.D.'S, P.A.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Brown, Davila, Khan, Maza, Ruiz & Whirley-Diaz M.D.'S, P.A.
Name of Corporation

DOCUMENT NUMBER: 600117

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jose J. Davila, M.D.
Name of Contact Person

Brown, Davila, Khan, Maza, Ruiz & Whirley-Diaz M.D's, P.A.
Firm/Company

1500 San Remo Avenue, Suite 285
Address

Coral Gables, Florida 33146
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose J. Davila, M.D. at (305) 448-9018
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed 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**

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: Brown, Davila, Khan, Maza, Ruiz & Whirley-Diaz M.D.'s, P.A.
2. The principal office address: 1500 San Remo Avenue, Suite 285, Coral Gables, FL 33146
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/28/2000 Document number: 600117
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)

Breier, Robert G. Esq.

2800 Ponce de Leon Boulevard, Suite 1125

Coral Gables, FL 33134

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

Davila, Jose J. M.D.

1500 San Remo Avenue, Suite 285

P.O. Box NOT acceptable

Coral Gables, FL 33146

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TALLAHASSEE, FLORIDA

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 of an officer or director

Jose J. Davila, President
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 of Registered Agent

6/30/11
Date

If signing on behalf of an entity:

Jose J. Davila
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)