601799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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RA Change

C. Consultation JUL 14 2004

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Attorneys and Counselors at Law

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July 1, 2004

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Orthopaedic Clinic of Daytona Beach, P.A.

To Whom It May Concern:

Enclosed please find original executed Statement of Change of Registered Agent which we ask be filed with your office. A check in the sum of $35.00 is enclosed in payment of the filing fee.

Thanking you in advance for your attention to this matter, I remain,

Yours truly,

Penny K. Every
Assistant to Jeffrey C. Sweet

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: Orthopaedic Clinic of Daytona Beach, P.A.

2. The principal office address: 1075 Mason Avenue, Daytona Beach, FL 32117

3. The mailing address (if different):

4. Date of incorporation/qualification: 12/31/69 Document number: 601799

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Toni Collery Steedly

1075 Mason Avenue

Daytona Beach, FL 32117

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

Albert W. Gillespy, M.D.

1075 Mason Avenue
(P.O. Box or personal mailbox NOT acceptable)

Daytona Beach, FL 32117

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)

Thurman Gillespy, Jr., M.D.
(Printed or typed name and title)

THURMAN Gillespy, SR., M.D., President

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)

6/28/04
(Date)

Albert W. Gillespy, M.D.

If signing on behalf of an entity:

Albert W. Gillespy, M.D.
(Typed or Printed Name)

Treasurer/Registered Agent
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314