

**BMM&W**  
BRANT, MOORE, MACDONALD & WELLS, PA.

603888

ATTORNEYS AND COUNSELLORS

50 North Laura Street • Suite 3100  
Jacksonville, Florida 32202

Stephen G. Prom  
sgprom@bmmw-law.com

August 17, 1998

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

000002619860--6  
-08/19/98--01058--011  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Re: First Coast Medical Group, P.A.

Dear Sir/Madam:

Enclosed for filing on behalf of the referenced corporation is a Statement of Change of Registered Office or Registered Agent or Both for Corporations ("Statement of Change"), together with our firm's trust account check in the amount of \$35.00, for the required filing fee. Please provide me with confirmation that the Statement of change has been filed.

Thank you for your assistance in this matter. Please call me if you have any questions.

Sincerely,

*Hilde V. Howell*  
Hilde V. Howell,  
Legal Assistant to  
Stephen G. Prom, Esq.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Enclosures  
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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 is: First Coast Medical Group, P.A.
2. The mailing address of the corporation is: 8131 Baymeadows Circle, W. Suite 200  
Jacksonville, FL 32256
3. Date of incorporation/qualification: 11/2/72 Document number: 603888
4. The name and address of the current registered agent and office:

David Bailey  
8131 Baymeadows Circle, W. Suite 200  
Jacksonville FL 32256

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

Brad T. Mathias, M.D.  
8131 Baymeadows Circle, W. Suite 200  
Jacksonville, FL 32256

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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.

x Brad T. Mathias  
(Signature of an officer, chairman or vice chairman of the board)

8/15/98  
(Date)

Brad T. Mathias, M.D. President  
(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.

x Brad T. Mathias  
(Signature of Registered Agent)

8/15/98  
(Date)

If signing on behalf of an entity:

Brad T. Mathias, M.D.  
(Typed or Printed Name)

PRESIDENT  
(Capacity)

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