

603888

ATTORNEYS AND COUNSELLORS

50 North Laura Street • Suite 3100. Jacksonville, Florida 32202

Stephen G. Prom sgprom@bmmw-law.com

October 6, 1998

FILED 98 OCT 12 PM 3: 03 SECRETARY OF STATE TALLAHASSEE, FLORINA

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

Re:

First Coast Medical Group, P.A.

100002661261--3 -10/12/98--01046--015 ******35.00 ******35.00

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, Legal Assistant to

Stephen G. Prom, Esq.

\hh Enclosures

114271.2

RA Charge 10-13-98

Florida Department of State, Sandra B. Mortham, Secretary of State

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

Pursuant to the provisions of se	ections 607.0502	, 617.0502, 60	7.1508, or 617.	.1508, Florida	Statutes, the
undersigned corporation organi submits the following statement	zed under the la in order to chan	ws of the state toe its registere	d office or regi	istered agent, o	r both, in the
State of Florida.	m oraci so cian	,50 mo 100,000			
1. The name of the corporation	is:	FIRST COAS	T MEDICAL O	ROUP, P.A.	
•					
o mi and an of the co	rnoration is:	8131 Bayme	adows Circl	Le, West, Su	ite 200
2. The mailing address of the conjugate					TOTAL STATE OF THE
		er 2. 1972		, 60	3888
3. Date of incorporation/qualifi-	cation: November		Docum	ent number:	
4. The name and address of the	current registere	d agent and off	ice:	5	~4_
Brad T. M	athias, M.D.				\$£0.
8131 Baym	eadows Circl	e, West, Su	ite 200	AHAS	F OCT RETA
Jacksonvi 5. The name and address of the	11e, Florida	32256	: (P. O. Boxot	Acceptable)	112 12
				LOR	* 0
Richard D	. Glock, M.D				Ó
50 M Tar	ett Center ira Street				Star
- Jacksonvi	11e, Florida	32202			
The street address of its regist agent, as changed, will be iden	ered office and tical.	the street addr	ess of the busi	ness office of i	ts registered
Such change was authorized by authorized by the board	y resolution dul	ly adopted by i	ts board of dir	ectors or by ar	officer so
and the state of the	rud_		į	W/8/98	
(Signature of an officer, ch	airman or vice chai	rman of the board	1)	(Date)	•
Richard D. Glo	ck, M.D.	7	/ice Preside	ent	
(Printed o	r typed name and ti	tle)	·., ·	(Date)	
Having been named as regist corporation, I hereby accept I further agree to comply wit performance of my duties, an registered agent.	ered agent and the appointment h the provisions d I am familiar	to accept servi t as registered of all statutes with and acce	ce of process j agent and agr relative to the pt the obligati	for the above see to act in this proper and coon of my position	tated is capacity. omplete ion as
Chiliam H	Stered Agent)	2	10/0	(Date)	+
If signing on behalf of an entity:					
Richard D. Glo	ck, M.D.			Capacity)	
(Typed or Printed	raine)		(FILING FE	E: \$35.00
CR2E045(4/95)					