

A97000001015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

4/2 RYA change

A97-1015

Office Use Only



000014956210

04/02/03--01051--001 **130.00

MJH

\$35

FILED
03 APR -2 PM 4:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CFRA, LLC
Registered Agent Services
A Subsidiary of Carlton Fields

ONE HARBOUR PLACE, 5TH FLOOR
777 S. HARBOUR ISLAND BOULEVARD
TAMPA, FLORIDA 33602-5730

MAILING ADDRESS:
P. O. BOX 3239
TAMPA, FLORIDA 33601-3239
TEL (813) 223-7000 FAX (813) 229-4133

March 31, 2003

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

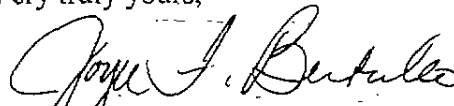
Re: Registered Agent Statements of Change

Gentlemen:

Please find enclosed statement of change for the registered agent of Aztec Medical Services, Ltd.; Aztec Medical Systems, L.C.; Cohen, Madorsky, Pinon & Santa Cruz Urology Center of South Florida, P.A.; and ABR of Daytona, Inc.

Also enclosed is Carlton Fields' Check No. 313228 in the amounts of \$130.00 for the payment of the filing fees of the above-described statements of change.

Very truly yours,



Joyce F. Bentubo
Administrative Assistant

jfb
Enclosures

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Aztec Medical Services Ltd.
Name of the limited partnership

2. 5/7/97
Date of filing registration in Florida

3. A97 00000 1015
Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Marsha G. Madersky
Name
100 SE Second St, Ste 4000
Address
Miami, FL 33131
City, State and Zip

03 APR -2 PM 4:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

5. The name and address of the new registered agent and/or office:

CFRA, LLC
Name
One Harbour Pl, 777 S. Harbour Island Blvd., Ste 5
Florida street address (P.O. Box not acceptable)
Tampa FL 33602
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

x M L A
Signature of General Partner

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 obligations 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 limited partnership has been notified in writing of this change.

Peter J. Winders
Signature of Registered Agent

Peter J. Winders, Vice President 3-13-03

Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00