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P. 01/02

Division of Corporations

588251

Florida Department of State
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REGISTERED AGENT CHANGE
REGIONAL OBSTETRIC CONSULTANTS, P.A.

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**STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT OR BOTH FOR CORPORATION**

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.

- 1a. The name of the corporation is: **Regional Obstetric Consultants, P.A.**
- 1b. The mailing address of the corporation is: **836 Prudential Drive, Suite 1800
Jacksonville, FL 32207**
- 1c. Date of incorporation/qualification: **8/19/87** Document number: **J88251**
2. The name and address of the current registered agent and office:
- R. William Quinlan, M.D.
836 Prudential Drive, 1800
Jacksonville, FL 32207**
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)
- Ramon A. Castillo, M.D.
836 Prudential Drive, Suite 1800
Jacksonville, FL 32207**

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.

Regional Obstetric Consultants, P.A.

By: _____

Dated: 7-13-01

Gerardo O. Del Valle, Secretary
(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.

Ramon A. Castillo, M.D.

Dated: 7-13-01

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