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JOEL REINSTEIN

JQ 24660
JOEL REINSTEIN

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February 4, 2002

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

Re: Cardiac Surgery Associates, P.A.

Dear Sir:

Please find enclosed a Statement of Change of Registered; Office or Registered Agent form for the above-referenced entity for filing.

Also enclosed is our check in the amount of \$35.00 representing your filing fee, as well as a return envelope for the return of a "filed" copy.

Thank you for your cooperation in this matter.

Sincerely,

Joel Reinstein

JR/wsm

Enclosures-check

cc: Dr. J. Lancelot Lester, III

Ronald S. Gelber, C.P.A.

StateChg.ltr

AA Chg.



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 Statute. 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, i
the State of Florida.
1. The name of the corporation : CARDIAC SURGERY ASSOCIATES, P.A.
2. The mailing address of the corporation:
5511 S. Congress Avenue, Suite 135, Lake Worth, FL 33462
3. Date of incorporation/qualification: 9/15/1987 Document number: J92460
4. The name and address of the current registered agent and office:
Residents Agents Corp. of Florida
799 Brickell Plaza, Suite 900
Miami, FL 33131
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)
J. Lancelot Lester, III, M.D., F.A.C.S.
5511 S. Congress Avenue, Suite 135
Lake Worth, FL 33462
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 puthorized by the board.
14. Canceled lister by. 129/02
(Signature of an officer, chairman or vice chairman of the board) (Date)
J. Lancelot Lester, III. President (Printed or typed name and title)
Having heen 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 offmy duties, and I am familiar with and accept the obligation of my position as registered agent.
Manuelet lesle on 129/02
(Signature of Registered Agent) (Date)
Af signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

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