Division of Corporations



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TO

Division of Corporations

Fax Number

: (850)205-0380

From

1 CORPORATE CREATIONS INTERMATIONAL INC. Account Name

Account Number : 110432003053 Phone : (305)672-0686 Fax Muniber : (305)672-9110

REGISTERED AGENT CHANGE

FLORIDA REGIONAL NEONATAL ASSOCIATES, INC

Certificate of Status ō Certified Copy Page Count 02 \$35.00 Estimated Charge

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

Pursuant to the provisions of section 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of	the corporation is: Florida	Regional Neons	ital Associates, Inc.	
2. The principa	office address: 901 45th	Street		
	ch FL 33407			
3. The mailing Sunrise, FL	address (if different): <u>1301</u> 33323	Concord Terrac	e	
4. Date of incom	rporation/qualification:	12/18/1989	Document Number:	L37765
	d street address of the currentment of State: CT Corporation System	ent registered ag	ent and registered office or	n file with the
	1200 SOUTH PINE ISL	AND ROAD		
	Plantation FL 33324			<u>_</u> ₹8 8
6. The name and street address of the new registered agent (if changed) and /or registered of fice (if changed): Corporate Creations Network Inc.				
11380 Prosperity Farms Road #221E				
(P.O. Box Not acceptable)				
	Palm Beach Gardens FL		**************************************	<u> </u>
The street addingent, as change	ress of its registered officed will be identical.	e and the street	address of the business of	fied its registered
	vas authorized by resolution board, or the corporation			
(Signa	ture of an officer or director)). Stoutt as attorney in fact for T (Printed or Typed nam	homas W. Hawkins
I further agree performance of agent. Or, if the	the appointment as registed to comply with the profess, and I am familing that the comporation has be	visions of all s ar with and acci i merely to refle	gree to act in this capacity tatutes relative to the pro- ept the obligation of my po- ct a change in the register	oper and complete sition as registered
	- residence		10/14/200	5
(Signa	ture of Registered Agent)		(Date)	
If signing on be	half of an entity:			
D. Stoutt, Assis	ed or Printed Name)			
	3 f a van estructure n	ASSESSED TO THE	and the second of the	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

Corporate Creations International Inc. 941 Fourth Street Miami Beach FL 33139 (305) 672-0686