

**L45782**

Florida Department of State  
Division of Corporations  
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**REGISTERED AGENT CHANGE****MEDICAL PARTNERS OF CENTRAL FLORIDA, P.A.**

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7/2/09

**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 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: MEDICAL PARTNERS OF CENTRAL FLORIDA, P.A.
2. The principal office address: \_\_\_\_\_  
735 PRIMERA BLVD #135 LAKE MARY FL 32746 US
3. The mailing address (if different): \_\_\_\_\_  
200 S. ORANGE AVENUE SUN TRUST CENTER - SUITE 2300 ORLANDO FL 32801
4. Date of incorporation/qualification: 1/24/1990 Document number: L45782
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State:  
A.G.C. CO  
200 S ORANGE AVE, Suntrust Center Suite 2300  
ORLANDO FL 32802 US
6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):  
C T Corporation System  
c/o C T Corporation System, 1200 South Pine Island Road  
(P.O. Box NOT acceptable)  
Plantation, Florida 33324

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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, or the corporation has been notified in writing of the change.

Cavell Benjamin-Arias  
(Signature of an officer or director)

Cavell Benjamin-Arias, MD - Vice President  
(Printed or typed name and title)

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. Or, if this  
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the  
corporation has been notified in writing of this change.

By: Barbara A. Burke  
(Signature of Registered Agent)

6/23/2009  
(Date)

If signing on behalf of an entity:

Barbara A. Burke  
Special Assistant Secretary

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E04S (8/05)