

APPROVED
AND
FILED

00 MAR 31 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

pg 4/12

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3548179- XXXXXX	Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent	
Name PATRICIA W. GOLDBLATT, MD, PA	
Street Address (P.O. Box Number is Not Acceptable) PO BOX 147006	
City GAINESVILLE	Zip Code FL 32614-7006

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE X. Klinge E. Byers, J. M. D.P.A. George E. ISYERS, JR. M.D. P.A. (MGRM) 3-10-2000 DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600003208176--6 -04/13/00--Q1122--006 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Chapter 608, Florida Statutes.

SIGNATURE *George E. Byrne, Jr.* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3-10-2000 (352)378-0379

Date _____ Daytime Phone # _____

CR2E083 (9/99)