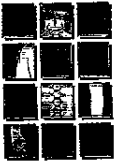


P00000002359

Requester's Name



Pain Management Clinic

a service of East Pasco Medical Center

Outpatient Services Center
7050 Gall Boulevard
Zephyrhills, Florida 33541

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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-10/12/01--01037--009
*****35.00 *****35.00

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☒ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 25 PM 1:48

FILED

Examiner's Initials

10/26



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 17, 2001

PAIN MANAGEMENT CLINIC
7050 GALL BLVD.
ZEPHYRILLS, FL 33541

SUBJECT: ANESTHESIOLOGY & PAIN MANAGEMENT OF EAST PASCO,
P.A.
Ref. Number: P00000002359

We have received your document for ANESTHESIOLOGY & PAIN MANAGEMENT OF EAST PASCO, P.A. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Anna Chesnut
Corporate Specialist

Letter Number: 201A00057525

RECEIVED
01 OCT 25 PM 1:18
DIVISION OF CORPORATIONS

**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, the undersigned corporation organized under the laws of the State of _____ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : Anesthesiology & Pain Management of
EAST PICO PICO, P.A.

2. The mailing address of the corporation : _____

3. Date of incorporation/qualification: _____ Document number: _____

4. The name and address of the current registered agent and office:

Corporate Service Company
1201 Hays Street
Tallahassee, Florida 32301-2525

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

Russell L Norris
7060 Gall Blvd
Zephyrhills FL 33541

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.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

10/8/01
(Date)

(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.

[Signature]
(Signature of Registered Agent)

10/8/01
(Date)

If signing on behalf of an entity:

Russell L Norris
(Typed or Printed Name)

Treasurer
(Capacity)

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