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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: The Broward Heart Group, P.	Δ			
(Name of Cor	poration)			
DOCUMENT NUMBER: P00000098009				
The enclosed Statement of Change of Registered Office/A	Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to	o the following:			
Trisha Spiller				
(Name of Conta	act Person)			
Florido Hoolth Low Contor				
Florida Health Law Center (Firm/Company)				
7805 SW 6th Court				
(Address)				
Plantation, FL 33324				
(City/State and Zip Code)				
For further information concerning this matter, please cal	II:			
Trisha Spiller	at (954) 358-0155			
(Name of Contact reison)	(Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Departm	ent of State.			
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassaa, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building			
Plantation, FL 33324  (City/State and Zip Code)  For further information concerning this matter, please call:  Trisha Spiller  at (954) 358-0155  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed is a \$35.00 check made payable to the Department of State.  Mailing Address: Amendment Section Division of Corporations  Division of Corporations				

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Stange is submitted for a corporation organized under the laws of the State of $\underline{F}$ er to change its registered office or registered agent, or both, in the State of Florida $\underline{F}$	lorida	<i></i>	-
1. The name of	the corporation: The Broward Heart Group, P.A.			<del></del>
2. The principal	office address: 9800 Sample Road, Unit C, Coral Springs, FL 33065	<u>;</u>		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 10/18/2000 Document number: P000000	)98009		
	d street address of the current registered agent and registered office on file with rtment of State:	the		
	HAROLD E. KAPLAN			
	1515 UNIVERSITY DRIVE, SUITE 214	TAS	200	
	CORAL SPRINGS, FL 33071 US	CRE		77]
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offic	ARY OF	7008 JAN -7 PH 12:	m
	Jodi Laurence, Esq.	STAT	12: 5	No.
	7805 SW 6th Court	D rri	52	
	(P.O. Box NOT acceptable) Plantation, FL 33324			
The street address changed will	ess of its registered office and the street address of the business office of its be identical.	registere	ed ager	ıt,
· ·	as authorized by resolution duly adopted by its board of directors or by an che board, or the corporation has been notified in writing of the change.			
Anthon	MATHON F. ALACC  When an officer or director)  ANTHONY F. ALACC  (Printed or typed name and tit	A, c	FO	-
I hereby accept I further agree of my duties, ar document is bet corporation ha	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and comply with the provisions of all statutes relative to the proper and complet I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address. I hereby s been notified in writing of this change.	olete perj agent. ( v confirm	forman Or, if the that the	ice his he
(Si	gnature of Registered Agent)  12/24/0	7_		_
If signing on be	chalf of an entity:			
	Typed or Printed Name)			

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

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