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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
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. COVER LETTER

то:	Amendment Section Division of Corporation	ons				
SUBJ	ЕСТ:	Tampa Heart C	Center, Inc.	<u>_</u>		
DOC	JMENT NUMBER:	P00	000101936			
The en	closed Statement of Cha	ange of Registered Offic	e/Agent and fee are sub	mitted for filing.		
Please	return all correspondence	ce concerning this matte	r to the following:			
		Cynthia	a Mikos			
		Name of Co	ntact Person			
Allen Dell P.A.						
		Firm/Co	ompany			
	202 South Rome Ave. Suite 100					
	Address					
	Tampa, Florida 33606 City/State and Zip Code					
	cmikos@allendell.com					
	E-mail add	dress: (to be used for f	uture annual report no	otification)		
For fu	ther information concern	ning this matter, please of	eall:	·		
	Cynthia I		at (813)	223-5351 ytime Telephone Number		
	Name of Contact	et Person	Area Code & Da	ytime Telephone Number		
Enclos	ed is a \$35.00 check ma	de payable to the Depart	ment of State.			
	Amen Divisi P.O. E	ng Address: dment Section on of Corporations Box 6327 nassee, FL 32314	Clifton Buil	Section Corporations ding tive Center Circle		

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida ange is submitted for a corporation organized under the laws of the State of er to change its registered office or registered agent, or both, in the State of	Florida			
	the corporation: Tampa Heart Center Inc.				
	office address: 2113 Houndstooth Dr., Tampa, FL 33618				
	2727 W. Dr. M.L. King Jr. Blvd. Suite 800, Tampa, FL 33607	<u> </u>			
3. The mailing a	eddress (if different): 2113 Houndstooth Dr., Tampa, FL 33618				
4. Date of incorp	poration/qualification: 10/30/2000 Document number:	P00000101936			
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)					
	Carlos C. Marinelli, M.D.				
	2727 W. Dr. M.L. King Jr. Blvd. Suite 800	<u></u>			
	Tampa, FL 33607				
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Cynthia Mikos					
	Cynthia Mikos	29			
	202 South Rome Avenue, Suite 100	_ 1 = M			
	P.O. Box NOT acceptable	22.			
	Tampa, FL 33606				
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 the	as authorized by resolution duly adopted by its board of directors or by a second, or the corporation has been notified in writing of the change.	ı officer so			
Signatur	Carlos C. Marinelli, M.I. Printed or typed name and)., President			
I hereby accept I further agree to of my duties, and document is bein corporation has	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 cold I am familiar with and accept the obligation of my position as registered in the registered office address, I here been notified in writing of this change.	nplete performance ed agent. Or, if this by confirm that the			
Lydl	Pur Meker Esq 12/21/10 nature of Registered Agent Date				
If signing on bel	half of an entity:				
	ynthia Mikos, Esq.				

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