

P01000105651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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03/23/10--01015--021 \*\*35.00

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10 MAR 23 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*make  
3/24/10*



**NRAI  
CORPORATE  
SERVICES**  
An NRAI Solutions Company

## FILING REQUEST

**March 17, 2010**

### **FLORIDA DEPARTMENT OF STATE**

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<i>Type of Filing:</i>	CHANGE OF AGENT
<i>Subject(s):</i>	U.S. HEALTHWORKS MEDICAL GROUP OF FLORIDA, INC
<i>Form(s) Enclosed:</i>	STATEMENT OF CHANGE OF REGISTERED AGENT
<i>Supporting Document(s):</i>	NONE
<i>Check Enclosed:</i>	YES - CHECK # 33867 FOR \$35.00
<i>Return Via:</i>	REGULAR MAIL - SASE ATTACHED
<i>Filing Method:</i>	ASAP

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PLEASE RETURN TO: NRAI CORPORATE SERVICES, INC.  
590 PARK STREET, SUITE 6  
ST. PAUL, MN 55103

Please call me at **1-800-227-1256** if there are any questions.

Thank you!

**Melissa Hobbs**

**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: U.S. HealthWorks Medical Group of Florida, Inc.
2. The principal office address: 7676 Peters Road, Suite 6  
Plantation, FL 33324
3. The mailing address (if different): 3440 Preston Ridge Road, Bldg 4, Suite 250  
Alpharetta, GA 30005
4. Date of incorporation/qualification: 10/29/2001 Document number: P01000105651
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State:

CT Corporation System

1200 South Pine Island Road

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

(P.O. Box NOT acceptable)

Weston, FL 33331

The street address of its registered office and the street address of the business office of its registered agent,  
as changed will be identical.

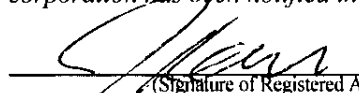
Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Melissa Hobbs, Secretary

(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.*

  
(Signature of Registered Agent)

3/17/2010  
(Date)

If signing on behalf of an entity:

Jackie Bernu, 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

CR2E045 (8/05)

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10 MAR 23 PM 12:50  
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