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**Pendrak Surgical Group, P.A.**  
Robert B. Pendrak, M.D., F.A.C.S.

3140 West Medical Center Lane  
Suite 110  
Lake City, FL 32055  
(386) 755-2110  
FAX (386) 755-9455

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\*\*\*\*\*35.00 \*\*\*\*\*35.00

**Facsimile Cover Letter**

Recipient Chris Crown.

Company \_\_\_\_\_

Fax # 755-0828.

Re Change of Registered Agent.

3 # Pages, including this sheet

Date 8-9-02

Notes \_\_\_\_\_  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# 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: PENDRAK SURGICAL GROUP, P.A.
2. The principal office address: 3140 West Medical Center Lane, Suite 110  
Lake City, Florida 32055
3. The mailing address (if different): N/A

4. Date of incorporation/qualification: April 29, 2002 Document number: P02000048552

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

S. Austin Peele

327 North Hernando Street

Lake City, Florida 32055

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

Christopher L. Craun

368 South Marion Avenue, Lake City, Florida 32055

(P.O. Box or personal mailbox NOT acceptable)

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.

Robert B. Pendrak, MD  
(Signature of an officer, chairman or vice chairman of the board)

Robert B. Pendrak, MD, Sole Board Member

(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)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

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

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