

To: FI Dept of State  
Subject: 0650.59350

From: Tracy Spear

Friday, October 27, 2006 11:37 AM Page: 1 of 2

803000093216

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 205-0380

From:  
Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850) 222-1173  
Fax Number : (850) 224-1640

0650.59350

**REGISTERED AGENT CHANGE**

**CARDIOVASCULAR SPECIALISTS OF SOUTH FLORIDA, P.A.**

Certificate of Status	0
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DIVISION OF CORPORATIONS

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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: Cardiovascular Specialists of South Florida, P.A.
2. The principal office address: 10025 Cleary Boulevard, Plantation, Florida 33324
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/21/2003 Document number: P03000093216
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State:

Bruce Jay Toland, P.A.

80 SW 8th Street, Suite 2805

Miami, Florida 33130

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

Randy Gould

10025 Cleary Boulevard

(P.O. Box NOT acceptable)

Plantation, Florida 33324

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)

Randy Gould, President

(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)

10/26/06

(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(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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