

07/22/2008 TUE 16:34 FAX 727 322-0520

Division of Corporations

001/005

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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

CARLOS A. LABRADOR, M.D., P.A.

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

Pursuant to the provisions of sections 607.0302, 617.0302, 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: CARLOS A. LARRADOR, M.D., P.A.
 2. The principal office address: 6501 1ST AVE S
ST Petersburg, FL 33707
 3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/24/04 Document number: PD4000051999

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

CARLOS A. LARRADOR
6560 9TH AVE N
ST Petersburg, FL 33710

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

DAVID C HASTINGS, CPA
2207 54TH ST S
(P.O. Box NOT acceptable)
Clearwater, FL 33707

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.

Carlos Larrador
(Signature of an officer or director)

CARLOS LARRADOR, 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]
(Signature of Registered Agent)

7/22/08
(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
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