P04000142046

Division of Corporation Page 1 of 1

Florida Department of State
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REGISTERED AGENT CHANGE

PHYSICIAN ASSOCIATES OF BROWARD, INC.

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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: Physician Associates of Broward, Inc.
2. The principal office address: 11993 S.W. 47th St. Cooper City, FL 33330
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/14/04 Document number: P04000143046
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

   Matilde Mora
   11993 S.W. 47th St.
   Cooper City, FL 33330

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

   Paul Salver PA
   2021 Executive Park Dr., #3
   (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.

X Matilde R. Mora (Signature of an officer or director)

X Matilde R. Mora (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)

1/10/05 (Date)

PAUL SALVER

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