

PO4000142046

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
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From:
Account Name : PAUL SALVER, P.A.
Account Number : I20020000087
Phone : (954) 389-1333
Fax Number : (954) 389-1397

RECEIVED
05 JAN 12 AM 7:46
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
PHYSICIAN ASSOCIATES OF BROWARD, INC.

Certificate of Status	1
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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, 607.1502, or 617.1502, 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 for registered office
(if changed):

Paul Salver PA
3721 Executive Park Dr., #3
(P.O. Box NOT acceptable)
Weston, FL 33331

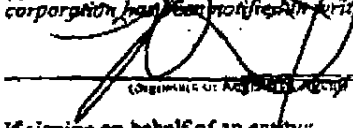
The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

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 Agent or Director)

1/10/05
(Date)

If signing on behalf of an entity:

PAUL SALVER

(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