

P05000024502

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(City/State/Zip/Phone #)

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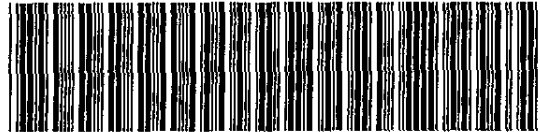
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SKB Physicians Inc
(Name of Corporation)

DOCUMENT NUMBER: P05000024502

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan Binoy
(Name of Contact Person)

SKB Physicians Inc
(Firm/Company)

2650 S McCall Rd
(Address)

Englewood, FL 34224
(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Binoy at (941) 475-9559
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SKB PHYSICIANS, INC.
PO5000024502

TO: JEFFREY SKLAR, Director and Registered Agent.
SUSAN BINOY, Director.
BEENA KOPPUZHA, Director.

NOTICE OF DIRECTOR'S MEETING

A. Board of Director's meeting will be held at 1:30 PM on Wednesday, March 29, 2006, at the offices of SKB Physicians, Inc., 2650 S. McCall Road, Englewood, Florida, 34224. All Directors have been so notified.

DIRECTOR'S MEETING - 1:30 PM, MARCH 29, 2006.

AGENDA

Resignation of Corporate Director and Registered Agent.

MINUTES OF MEETING

A meeting was called by Jeffrey Sklar, MD, Beena Koppuzha, MD, and Susan Binoy, MD.

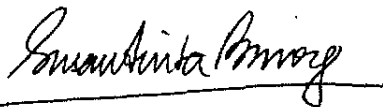
Dr. Sklar formally resigned as a Director of the Corporation and also resigned as the Registered Agent of the Corporation.

The resignation of both offices was accepted by the majority directors.

A motion was made by Dr. Koppuzha to nominate Dr. Binoy as Registered Agent. The motion carried and Dr. Binoy was unanimously elected.

The corresponding documents with appropriate cover letters will be submitted to the Amendment Section, Division of Corporations, P.O. Box 6327 Tallahassee, FL, 32314.

There being no further business, the meeting was adjourned at 1:30 PM.



Susan Binoy, MD, Director

Susan Binoy, MD
Registered Agent
SKB Physicians, Inc.



Beena Koppuzha, MD, Director

**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: SKB Physicians, Inc.
2. The principal office address: 2650 S. McCall Road
ENGLEWOOD, FL 34224
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/01/2005 Document number: P05000024502

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

JEFFREY SKLAR
2650 S. McCall Road
ENGLEWOOD, FL 34224

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

SUSAN BINOY
2650 S. McCall Road
(P.O. Box NOT acceptable)
ENGLEWOOD, FL 34224

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]
(Signature of an officer or director)

3/29/06
(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)

3/28/06
(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
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