

P.050 0005 6772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

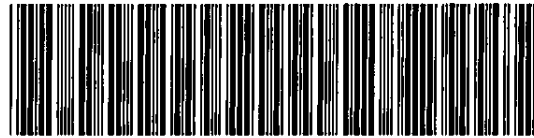
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300098758543

05/02/07--01013--020 \*\*35.00

FILED  
07 MAY -1 AM 8:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RACER  
5-1-07

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Cardona Pain & Anesthesia Professional, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000056772

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:

Roberto Duran  
(Name of Contact Person)

Cardona Pain & Anesthesia Professional, Inc.  
(Firm/Company)

2504 SW. Motorcracker Way  
(Address)

Palm City, FL 34990  
(City/State and Zip Code)

For further information concerning this matter, please call:

Gloria Cardona at (561) 449-3164  
(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

# 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: Cardona Pain & Anesthesia Professional, Inc  
 2. The principal office address: 2504 S.W. Nutcracker Way  
Palm City, FL 34990-2040  
 3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 4-11-05 Document number: PD5000056772

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

Roberto Duran  
2504 S.W. Nutcracker Way  
Palm City, FL 34990-2040

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

Roberto Duran  
1586 S.W. Crossing Circle  
(P.O. Box NOT acceptable)  
Palm City, FL 34990

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 [Signature]  
(Signature of an officer or director)

ROBERTO DURAN  
(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.

X [Signature]  
(Signature of Registered Agent)

4/28/07  
(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)

FILED  
 07 MAY - 1 AM 8:51  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA