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## Bronstein, Carlson, Gleim & Smith, P.A.

Board Certified in Tax Law

**Suite 1100** 150 Second Avenue North Susan W. Carlson St. Petersburg, Florida 33701-3355

(727) 898-6688 Fax (727) 898-8811

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Jeffrey J. Kallan

Thomas B. Smith Board Certified in Health Law

Refer to File No.

Writer's Direct Dial No.

20044046 July 18, 2006 (727) 898-6690

Registered Agent/Address Section Bureau of Corporate Records Division of Corporations Department of State P.O. Box 6327 Tallahassee, FL 32314

Podiatry First, Inc.

Gentlemen:

Enclosed please find the original and duplicate copy of the Change of Registered Office and Agent referenced Florida corporation along with our client's check in the amount of \$35.00 representing the filing fee.

Please acknowledge filing of this document by stamping the duplicate copy and returning same to me.

If you have any questions in connection with the documents, or need further information, please contact me by telephone rather than returning the document.

Very, truly yours,

Sue Thomas, CLA

Paralegal to Thomas B. Smith

ST/sb Enclosures

## CHANGE OF REGISTERED OFFICE AND AGENT OF PODIATRY FIRST, INC.

SECRETARY OF STATE OF FLORIDA

- 1. The name of the Corporation is PODIATRY FIRST, INC.
- 2. The current registered office is located at 150 Second Avenue North, Suite 1100, St. Petersburg, Florida 33701.
- 3. The registered office will be changed to 2835 West DeLeon Street, Suite 101, Tampa, Florida 33609.
- 4. The current registered agent is Thomas B. Smith.
- 5. The successor registered agent will be Martin Port.
- 6. The street address of the Corporation's registered office and the business office of its registered agent, as changed above, will be identical.
- All changes made above have been made by an officer 7. Corporation authorized to do so by the Board of Directors 1 11 , 2006 DATED:

PODIATRY FIRST, INC.

Martin Port, President

## ACKNOWLEDGMENT

I hereby accept to act in this capacity, and agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and accept the obligations of 607.608, Florida Statutes.

Martin Port

Registered Agent

TO: