

P09000097856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

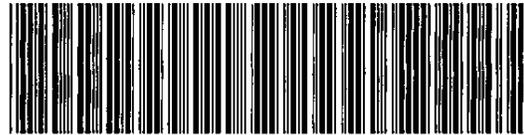
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500184671215

08/25/10--01010--011 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG 25 PM 12:32

R-A. Chong
C.COULLETTE

AUG 26 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PALM SPRINGS MEDICAL MSO OF S. FL PROF.
Name of Corporation

DOCUMENT NUMBER: P09000097856

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:

MARGARITA GARCIA
Name of Contact Person

PALM SPRINGS MEDICAL MSO OF S. FL
Firm/Company

12600 PEMBROKE RD SUITE 300
Address

MIRAMAR, FL 33027
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARGARITA GARCIA at (305) 343-5184
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: PALM SPRINGS MEDICAL MSO OF S. FL PROF. ASSOC

2. The principal office address: 12600 PEMBROKE ROAD SUITE 300

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/02/2009 Document number: P09000097856

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

SPIEGEL & UTRERA, PA

1840 SW 22 ST. 4TH FLOOR

MIAMI, FL 33145

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

MARGARITA GARCIA

12600 PEMBROKE ROAD SUITE 300

P.O. Box NOT acceptable

MIRAMAR, FL 33027

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG 25 PM 12:32

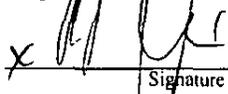
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

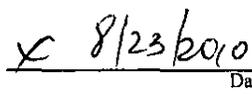
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

MARGARITA GARCIA-PRESIDENT
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


Date

If signing on behalf of an entity:

Margarita Garcia
Typed or Printed Name

*** FILING FEE: \$35.00 ***