

P930000072743

Florida Department of State
Division of Corporations
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REGISTERED AGENT CHANGE

CARROLLWOOD EMERGENCY PHYSICIANS, P.A.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS

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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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the corporation: Carrollwood Emergency Physicians, P.A.
2. The principal office address: 7171 N. Dale Mabry Hwy, Tampa, FL 33614
3. The mailing address (if different): 12479 Telecom Dr., Tampa, FL 33637
4. Date of incorporation/qualification: 10/20/1993 Document number: P93000072743
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Foley & Lardner Corp.
One Independent Drive, Suite 1300
Jacksonville, FL 32202

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

F&L Corp.
One Independent Drive, Suite 1300
(P.O. Box NOT acceptable)
Jacksonville, FL 32202

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] ANDRE LANDREVILLE
(Signature of an officer or director) (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.

F&L CORP.
By Charles V. Hedrick 12/12/07
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Charles V. Hedrick, Authorized Signatory
(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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