

P94000000080

BRYANT & HIGBY, CHARTERED
ATTORNEYS AT LAW

633 HARRISON AVENUE

POST OFFICE BOX 860

PANAMA CITY, FLORIDA 32402-0860

TELEPHONE (850) 763-1787

TELECOPIER (850) 785-1533

ROWLETT W. BRYANT
CLIFFORD C. HIGBY

CECILIA REDDING BOYD

LYNN C. HIGBY
(1938-1992)

July 1, 1998

Division of Corporations
Secretary of State
State of Florida
P. O. Box 6327
Tallahassee, Florida 32301

700002580307--6
-07/06/98-01067-008
*****35.00 *****35.00

Gentlemen:

Please find enclosed a Certificate to change the Registered Agent on behalf of North Florida Anesthesia Group, P. A., which currently is in existence with a principal office in Panama City, together with our check in the sum of \$35.00 representing the fee for filing the Certificate.

I would appreciate your making this change a part of the record on the referenced corporation.

Please feel free to call me collect at the number above should you have any questions or comments.

Very truly yours,

Rowlett W. Bryant

Rowlett W. Bryant

RWB/mlw
encl.

FILED
98 JUL 27 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. change

Dee
7/27



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 15, 1998

ROWLETT W. BRYANT
BRYANT & HIGBY, CHARTERED
P.O. BOX 860
PANAMA CITY, FL 32402-0860

SUBJECT: NORTH FLORIDA ANESTHESIA GROUP, P.A.
Ref. Number: P94000000080

We have received your document for NORTH FLORIDA ANESTHESIA GROUP, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6908.

Teresa Brown
Corporate Specialist

Letter Number: 298A00037631

BRYANT & HIGBY, CHARTERED
ATTORNEYS AT LAW

833 HARRISON AVENUE

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PANAMA CITY, FLORIDA 32402-0860

TELEPHONE (850) 763-1787

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LYNN C. HIGBY
(1938-1992)

ROWLETT W. BRYANT
CLIFFORD C. HIGBY

CECILIA REDDING BOYD

July 21, 1998

Ms. Teresa Brown
Corporate Specialist
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: North Florida Anesthesia Group, P.A.
Ref. No. P940000000080
Letter No. 298A00037631

Dear Teresa:

Pursuant to your letter of July 15, please find enclosed the Statement of Change of Registered Agent for the above referenced corporation. Our check for this change was mailed with our original request and I trust that is sufficient and if not, you will let me know otherwise.

Please process this change on your records for the North Florida Anesthesia Group, P. A.

Very truly yours,



Rowlett W. Bryant

RWB/mlw
encl.

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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: NORTH FLORIDA ANESTHESIA GROUP, P. A.

2. The mailing address of the corporation is 217 E. 23rd Street, Suite E
Panama City, Florida 32405

3. Date of incorporation/qualification: 1-3-94 Document number: 794000000080
4. The name and address of the current registered agent and office:

DIANE C. HARE, CPA

3003 S HWY 77, SUITE A

LYNN HAVEN, FL 32444

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Carol A. Hamm

217 E. 23rd Street, Suite E

Panama City, Florida 32405

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.

Samuel C. Weigle
(Signature of an officer, chairman or vice chairman of the board)

7-21-98
(Date)

Samuel C. Weigle, MD President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Carol A. Hamm
(Signature of Registered Agent)

7-21-98
(Date)

If signing on behalf of an entity:

CAROL A. HAMM
(Typed or Printed Name)

Practice Administrator
(Capacity)