Division of Corporations Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)205-0380

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC. Account Number : 110432003053

Phone

: (305)672-0686

Fax Number

: (305)672-9110

## REGISTERED AGENT CHANGE

BREVARD NEONATOLOGY ASSOCIATES, INC.

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of section 607.0502, 617.0502, 60 statement of change is submitted for a corporation organize	ed under the laws of the State of Fjorida	Lin Lin
order to change its registered office or registered agent, or bo	oth, in the State of Florida 🥠 💪 .	
1. The name of the corporation is: Brevard Neonatology Asso-	ciates, Inc.	
2. The principal office address: 1301 Concord Terrace	0	1
Sunrise FL 33323		<b>&gt;_</b> `
	20	
3. The mailing address (if different):	72	ــدنــ
4. Date of incorporation/qualification: 2/14/1994 1	Document Number: P94000012369	
5. The name and street address of the current registered agent Florida Department of State:	and registered office on file with the	
CT Corporation System		
1200 SOUTH PINE ISLAND ROAD		
Plantation FL 33324	The season of th	
6. The name and street address of the new registered agent (if (if changed):	changed) and for registered direct	
Corporate Creations Network Inc.		
11380 Prosperity Farms Road #221E (P.O. Box Not acceptable)		
Palm Beach Gardens FL 33410		
The street address of its registered office and the street address, as changed will be identical.	ress of the business office of its register	ed
Such change was authorized by resolution duly adopted by authorized by the board, or the corporation has been notified to	its board of directors or by an officer n writing of the change.	10
( VCA ( ) K( )	toutt as attorney in fact for Thomas W. Hawkins (Printed or Typed name and title)	_
I hereby accept the appointment as registered agent and agree I further agree to comply with the provisions of all statu performance of my duties, and I am familiar with and accept to agent. Or, if this document is being filed merely to reflect a hereby confirm that the corporation has been notified in writing.	ites relative to the proper and complet the obligation of my position as registered t change in the registered office address, t	ď
	10/14/05	
(Signature of Registered Agent)	(Date)	
If signing on behalf of an entity:		
D. Stoutt, Assistant Secretary (Typed or Printed Name)		
MAKE CHECKS PAYABLE TO FLORID MAIL TO: DIVISION OF CORPORATIONS, P.O. I		

Corporate Creations International Inc. 941 Fourth Street Miami Beach FL 33139 (305) 672-0686