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Akerman Senterfitt

Sun Trust Financial Centre, Suite 1700 401 E. Jackson Street Tampa, Florida 33602-5250

www.akerman.com

·813 223 7333 tel 813 223 2837 fax

June 23, 2006

Deborah L. Evans, Paralegal 813 209 5028 deborah.evans@akerman.com

Florida Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Philip H. Andersen, M.D., P.A.

Dear Sir or Madam:

Fort Lauderdale

Jacksonville

Miami

New York

Orlando Tallahassee

Tampa Washington, DC West Palm Beach

We are enclosing for filing a Statement of Change of Registered Office and Registered Office for the above referenced entity along with a check in the amount of \$35.00 to cover the filing fee. Please forward confirmation of the change to the undersigned in the enclosed self-addressed, stamped envelope.

Thank you for your assistance. If you have any questions, please do not hesitate to contact us.

Sincerely,

AKERMAN SENTERFITT

Deborah L. Evans, Paralegal

Enclosure

cc: Philip H. Andersen, M.D.

William Kalish, Esq. (w/out enclosure)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida State ange is submitted for a corporation organized under the laws of the State of \underline{Flo} er to change its registered office or registered agent, or both, in the State of Flori	orida		
1. The name of	the corporation: Philip H. Andersen, M.D., P.A.			
	l office address: 13801 Bruce B. Downs, Suite 506, Tampa, FL 33613			
3. The mailing a	address (if different):			
4. Date of incor	rporation/qualification: 12/21/1994 Document number: P9400009	2083	· ·	
	d street address of the current registered agent and registered office on file with the	ie		
	William Kalish, Esq.	₹	~	
	100 S. Ashley Drive, Suite 1500	SECR	, 300,	
	Tampa, FL 33602	HAS	92 NNF 900	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	TARY OF STA	6 AM 10: 38	FILED
	American Information Services, Inc.	ATE RIDA	: 3 8	•
	401 E. Jackson Street, Suite 1700 (P.O. Box NOT acceptable)			
	Tampa, FL 33602			
The street address changed will	ess of its registered office and the street address of the business office of its related to the business office of its related to the business office of its registered.	gistered	agent,	
Such change wa authoritied by th	as authorized by resolution duly adopted by its board of directors or by an offing board, of the corporation has been notified in writing of the change.	icer so		
(Signar	Phillip H. Andersen, M.D., D (Printed or typed name and title)			
I hereby accept I further agree to of my duties, an document is bei corporation has	I the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and comple and I am familiar with and accept the obligation of my position as registered aging filed merely to reflect a change in the registered office address, I hereby costs been notified in writing of this change.	te perfoi ent. Or onfirm t	rmance if this hat the	3
Jonal	L Slow (53-06)			
If signing on be	chalf of an entity:			
Deborah	L. Evans			
(1)	Typed or Printed Name)			

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