

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : NRAI CORPORATE SERVICES, INC.-IRVINE
Account Number : I20080000054
Phone : (949) 955-9585
Fax Number : (800) 562-6504

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

REGISTERED AGENT CHANGE
BOSLEY MEDICAL GROUP, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RA [Signature]

AUG 27 2012

T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bosley Medical Group, P.A.
Name of Corporation

DOCUMENT NUMBER: P95000078939

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:

Abby Deegan

Name of Contact Person

NRAI Corporate Services, Inc.

Firm/Company

2875 Michelle Drive, Suite 100

Address

Irvine, CA 92606

City/State and Zip Code

adeegan@nrai.com

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

For further information concerning this matter, please call:

Abby Deegan

Name of Contact Person

at (800) 562-6439

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: Bosley Medical Group, P.A.
2. The principal office address: 9100 Wilshire Blvd., East Tower Penthouse
Beverly Hills, CA 90212
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/02/1995 Document number: P95000078939

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)

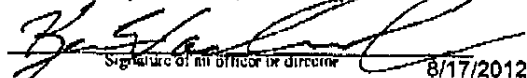
CT Corporation System1200 S. Pine Island RoadPlantation, FL 33324

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

NRAI Services, Inc.515 East Park AvenueP.O. Box NOT acceptableTallahassee, FL 32301

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

8/17/2012Dr. Kenneth Washenik, M.D., P.h.D., PresidentPrinted 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

August 20, 2012Date

If signing on behalf of an entity:

Nicole Parnell, Assistant SecretaryTyped 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
CR2E045 (03/12)