

Division of Corporations Public Access System

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(((H04000122545 3)))

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To:

Division of Corporations

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Account Name : GARDNER, WILKES, SHAHEEN & CANDI

Account Number: I20010000158

Phone: (813)221-8000

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REGISTERED AGENT CHANGE

BATEY CARDIOVASCULAR CENTER, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	02

6/9/2004

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Batey Cardiovascular Center, P.A. (Name of corporation)				
DOCUMENT NUMBER: P95000094149				
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:				
Merritt A. Gardner, Esq.				
(Name of person)				
Gardner Wilkes Shaheen				
(Name of firm/company)				
Post Office Box 1810 (Address)				
(a statution)				
Tampa, Florida 33601-1810				
(City/state and zip code)				
For further information concerning this matter, please call:				
Merritt A. Gardner, Esq. at (813) 221-8000 x231 (Name of person) (Area code & daytime telephone number)				
(Name of person) (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 409 E. Gaines Street Tallahassee, FL 32399				

CR2E045(09/03)

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

change is submitted for	· a corporation organized under t	02, 607.1508, or 617.1508, Florida Statutes, this he laws of the State of Florida	statement of in order
to change its registered	l office or registered agent, or bot	h, in the State of Florida.	
1. The name of the corp	poration: Batey Cardiovascular	Center, P.A.	·
2. The principal office	address: 6100 Pointe West Bi	vd,	<u> </u>
	Bradenton, Floroda	34209	
3. The mailing address	(if different):		
4. Date of incorporation	n/qualification: 12/08/1995	Document number: P95000094149	
5. The name and street Florida Department		gent and registered office on file with the	
	John V. Quinlan		28.9
	601 t2th Street	West	
"	Bradenton, Flor	lda 34205	FARY ASSE
6. The name and street (if changed):	address of the new registered age	nt (if changed) and /or registered office	OF ST
	Merritt A. Gardn	er	
	401 E. Jackson	Street, Ste. 2400	• • • • • • • • • • • • • • • • • • •
	(P.O. Box or personal	mailtox NOT acceptable)	
	Tampa, Florida	33602	v
The street address of i changed will be identi	ts registered office and the street cal.	t address of the business office of its registered	agent, as
Such change was suth the board, or the corpo	orized by resolution duly adopte oration has been notified in writing	ed by its board of directors or by an officer so a ng of the change.	uthorized by
*/		E.J. Sanchez, President	
I hereby accept the as I further agree to come duties, and I am famil being filed merely to r been notified in writin	both officer or director) who intiment as registered agent as ply with the provisions of all states with and accept the obligation of this change in the registered of this change.	Printed or typed name and mulo agree to act in this capacity. tutes relative to the proper and complete perform of my position as registered agent. Or, if the office address, I hereby confirm that the corpus and the corpus address of the corpus address.	rmance of my is document is oration has
If signing on behalf of	f an entity:		
Турес	or Printed Name)	(Capacity)	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314