

Document Number Only

**P96000015248**

CT Corporation System

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32310 222-1092

City

State

Zip

Phone

300002566693--1

-06/19/98--01103--011

\*\*\*\*\*35.00 \*\*\*\*\*35.00

**CORPORATION(S) NAME**

**FILED**  
98 JUN 19 PM 4:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Tampa Medical Associates, Inc.*

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merge

☐ Foreign

☐ Dissolution/Withdrawal

☐ Limited Liability Company

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Name Registration

☒ Change of R.A.

☐ Fictitious Name

☐ UCC-1 Financing Statement

☐ UCC-3 Filing

☐ Certified Copy

☐ Photo Copies

☐ CUS

☐ Call When Ready

☒ Call if Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

Please Return Extra Copies  
File Stamped.

Thank You!!

*Hope*

*6/22*

*goff*  
*R.A. Change*

**RECEIVED**  
98 JUN 19 PM 2:14  
DIVISION OF CORPORATION

Florida Department of State, Jim Smith, Secretary of State

**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.

1a. The name of the corporation is: Tampa Medical Associates, Inc.

1b. Date of incorporation February 19, 1996 Document number P96000015248

2. The name and address of the current registered agent and office:

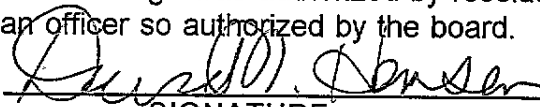
Steven J. Garthe  
45 Seton Trail, Ormond Beach, FL 32176

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

C T CORPORATION SYSTEM  
c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation Florida 33324

The street address of its registered agent 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.



DAVID N. HANSEN, TREASURER

(Type or printed name and title)

SIGNATURE  
JUNE 15, 1998

DATE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.

SIGNATURE BY C T CORPORATION SYSTEM

DATE 6-17-98

  
(Registered Agent)  
SALINA AMENTA GRAY  
SPECIAL ASSISTANT SECRETARY

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
CR2E045 (7-91) Filing Fee: \$35.00