

AUG-15-01

09:13AM

FROM AKERMAN, SENTERFITT

904-798-3730

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Florida Department of State

Division of Corporations

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Kathrine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : AKERMAN, SENTERFITT OF JACKSONVILLE

Account Number : 105543000740

Phone : (904)798-3700

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

NEONATAL ASSOCIATES OF JACKSONVILLE, P.A.

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**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.

1. The name of the corporation: Neonatal Associates of Jacksonville, P.A.

2. The mailing address of the corporation: 4205 Belfort Road, #4090

Jacksonville, FL 32216

3. Date of incorporation/qualification: 04-22-96 Document number: P96000034670

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

Ronald P. Carzoli, M.D.

4205 Belfort Road, Suite 4090

Jacksonville, FL 32216

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)

Motolaw, Inc.

50 North Laura Street, Suite 2500

Jacksonville, FL 32202

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 authorized by the board.

Ronald P. Carzoli, M.D.  
(Signature of an officer, chairman or vice chairman of the board)

8/10/01  
(Date)

Ronald P. Carzoli, M.D., President  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Robert G. Shaffer, II, President  
(Signature of Registered Agent)

8/14/01  
(Date)

If signing on behalf of an entity:

Robert G. Shaffer, II, President of Motolaw, Inc.

(Typed or Printed Name)

(Capacity)

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