William C. Stalions

2699 Stirling Road, Suite A-201 Fort Lauderdale, Florida 33312

Telephone: (954) 893-7670 Fax: (954) 893-7675

*****35.00 *****35.00

April 13, 1999

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

Re: Change of Address Registered Agent for Collaborative OB/GYN Practices, Inc.

Gentlemen:

Enclosed please find a Statement of Change of Registered Office or Registered Agent for Collaborative OB/GYN Practices, Inc. Also enclosed is our check no. 3442 in the amount of \$35.00 for the filing fee. Thank you for your attention to this matter.

Very truly yours,

WILLIAM Ć. STALIONS

WCS/ju encl.

cc: Joseph Cobo

QA Chg,

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, undersigned corporation organized under the laws of the State ofFlorida_	Florida Statutes	, the
submits the following statement in order to change its registered office or registered State of Florida.	agent, or both, is	n the
1. The name of the corporation is: Collaborative OB/GYN Practices, Inc.	99	10p 1
2. The mailing address of the corporation is: 1625 SE 3rd Avenue, Suite 701		, 3 17, 4 56, 00
Ft. Lauderdale, FL 33316		~ ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ?
3. Date of incorporation/qualification: 7/10/1996 Document number:	<u>=</u> <u>P</u> 96000060376	(6)
4. The name and address of the current registered agent and office:	_	- `' -
William C. Stalions	<u></u>	
319 SE 14th Street	-	
	.违	
Ft. Lauderdale, FL 33316		
The name and address of the new registered agent and office: (P. O. Box Not Accept	otāble)	
William C. Stalions		-
2699 Stirling Road, Suite A-201		
Fort Lauderdale, FL 33312		
	<u></u>	
he street address of its registered office and the street address of the business officent, as changed, will be identical.	ce of its register	ed
uch change was authorized by resolution duly adopted by its board of directors of	by an officer so)
la l'agent a	(=) aa	
(Signature of an officer, chairman or vice chairman of the board)	12///	
Joseph M. Cobo, President		
(Printed or typed name and title)		. =- *
rving been named as registered agent and to accept service of process for the about the appointment as registered agent and agree to act is further agree to comply with the provisions of all statutes relative to the proper and formance of my duties, and I am familiar with and accept the obligation of my processes agent.	ove stated in this capacity. ad complete osition as	
William CXC/3	<u> </u>	
(Signature of Registered Agent) (Date)	, : <u>-</u>	
igning on behalf of an entity:	- · .=·	
(Typed or Printed Name) (Capacity)		٠
* * * FILING FEE: \$35.00 * * *	-	

CR2E045(7/97)