

P96000063574

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Please refer to our file number:
7332-1

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December 17, 1996

Bureau of Corporate Records
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

800002034208--7
-12/19/96--01099--005
*****35.00 *****35.00

Re: Pulmonary and Sleep Medicine Associates, P.A.

Dear Sir or Madam:

Enclosed please find an original Statement of Change Registered Office and Registered Agent for filing. I have also enclosed a check in the amount of \$35.00 to cover the filing fee.

We would appreciate your returning to us an acknowledgement this filing in the enclosed, self-addressed envelope.

Thank you for your attention to this matter.

Very truly yours,

ABEL, BAND, RUSSELL, COLLIER,
PITCHFORD & GORDON, CHARTERED

By:

Rebecca J. Kennedy, C/L.A.
Certified Legal Assistant

/bjk
Enclosures

RA Chg.

VS DEC 31 1996

FILED
96 DEC 19 AM 8:33
SECRET
TALLAHASSEE, FLORIDA

Charter No. P96000063574

Date Filed 07-30-96

**STATEMENT OF CHANGE OF REGISTERED OFFICE
AND REGISTERED AGENT**

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1308, Florida Statutes, the under-
signed corporation, organized under the laws of the State of Florida, submits the following statement for
the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is: Pulmonary and Sleep Medicine Associates, P.A.

2. The name and address of its present registered agent is:

Bradley D. Magee
240 S. Pineapple Ave., 10th Floor
Sarasota, Florida 34236

3. The name and street address to which its registered agent is to be changed is:
(P.O. BOX NOT ACCEPTABLE)

Ivan F. Ackerman

13301 Waterford Run Drive

Riverview, FL 33569

4. The street address of its registered office and the street address of the business office of its registered
agent, as changed, are identical.

5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of
the corporation so authorized by the board of directors.

Ivan F. Ackerman, President
(Typed or printed name and title)

Signature X

(President or Vice President)

Date 12-16-96

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 FUR-
THER 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 UNDER SECTION 607.0505, FLORIDA
STATUTES.

Please Print/Type Name Ivan F. Ackerman

Signature X

(Agent)

Date 12-16-96



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96 DEC 19 AM 8:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA