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Deborah L. Evans, Paralegał 813 209 5028 deborah.evans@akerman.com

April 17, 2007

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

Re: Tampa Bay Physicians Group, Inc.

Our File No. 23255-103183

Dear Sir or Madam:

We are enclosing for filing the Statement of Change of Registered Office or Registered Agent or Both for the above referenced corporation, along with a check in the amount of \$35.00 to cover the filing fee. Please date stamp the enclosed copy to evidence the filing of same and return it to us in the enclosed self-addressed, stamped envelope.

If you have any questions, please do not hesitate to contact us.

Sincerely,

AKERMAN SENTERFITT

Deborah L. Evans, Paralegal

Enclosure

cc.

Nelson Mane, D.C. Joseph W.N. Rugg, Esq.

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

statement of change	visions of sections 607.0502, is submitted for a corporatio change its registered office o	n organized under the laws o	f the State of Florida
1. The name of the o	corporation: <u>Tampa Bay</u>	Physicians Group, Inc	
2. The principal offi		Sligh Avenue, #500	07
	Tampa, FL		APR T
3. The mailing addre	ess (if different):		23 23 28)
			E P I
4. Date of incorpora	tion/qualification: 08/06/1	996 Document num	ber: P960@65669
	eet address of the current regi		ാന് ത
un submon	Rugg, Joseph W.N.		
	401 E. Jackson Str	eet, Suite 1700	11-07-1
	Tampa, Florida 3360	02	
6. The name and stre (if changed):	eet address of the new register	red agent (if changed) and /or	registered office
	American Informat:	lon Services, Inc.	
	401 East Jackson	Street, 1700	
	(P.O. Box NOT a	cceptable)	
	Tampa, Florida 336	502	
			ss office of its registered agent,
Such change was ay authorized by the bo	uthorized by resolution duly pard, or the corporation has b	adopted by its board of direct been notified in writing of th	ctors or by an officer so e change.
(Signature of	an officer or director)	Nelson Mane (Printed or	r typed name and title)
l further agree to co of my duties, and I a document is being fi	ım familiar with and accept	all statutes relative to the pro the obligation of my position we in the registered office ad	capacity. oper and complete performance as registered agent. Or, if this dress, I hereby confirm that the
(Signature	L. Crows	4-1	(Date)
f signing on behalf	of an entity:		
Dobon L	•	st. Socretary	•.
(Tyned	or Printed Name)	57. 26.00.00	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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