

P97000048372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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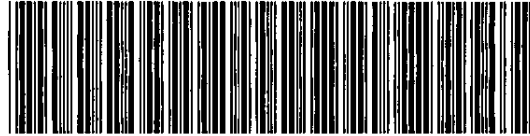
(Business Entity Name)

(Document Number)

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C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Institute for Cardiovascular Care, PA
Name of Corporation

DOCUMENT NUMBER: P97000048372

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steven Silverman

Name of Contact Person

Florida Institute for Cardiovascular Care, PA

Firm/Company

3241 Executive Way

Address

Miramar, FL 33025-3931

City/State and Zip Code

ssilverman@mitral.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven Silverman

Name of Contact Person

at (**954**) **557-7614**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Florida Institute for Cardiovascular Care, PA
2. The principal office address: 3241 Executive Way, Miramar, FL 33025-3931
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/02/1997 Document number: P97000048372

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Brian Polner M.D.
2905 North Commerce Parkway
Miramar, FL 33025

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Brian Polner M.D.
3241 Executive Way
P.O. Box NOT acceptable
Miramar, FL 33025-3931

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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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 so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

Brian Polner
Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

7/22/16
Date

If signing on behalf of an entity:

Brian Polner
Typed or Printed Name

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