

ACCOUNT NO. :

072100000032

REFERENCE :

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: December 30, 1997

ORDER TIME : 9:31 AM

ORDER NO. : 653879

CUSTOMER NO: 7139780

900002388019--9

CUSTOMER: Dr. Hernan Diaz Bolano

Dr. Hernan Diaz Bolano

9869 Sunset Drive

Miami, FL 33173

CHANGE OF AGENT

NAME: HERNAN DIAZ-BOLANO, M.D., P.A.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED

CONTACT PERSON:

COPY Name Availability Document Examilian A-Bow Updater Update Verifyer Acknowledgement W.P. Verityer

Florida Department of State, Sandra B. Mortham, Secretary of State

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

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

	provisions of sections 607.0502, 617.0502, 60 provisions of sections 607.0502, 60 provisions of the State c		me
	owing statement in order to change its registered		the
State of Florida	<u>.</u>		
1. The name of	the corporation is: HERNAN DIAZ-BOLA	ANO, M.D., P.A.	
2. The mailing	address of the corporation is: 9869 Suns	set Drive	
<u> </u>	Miami, FL	331 73	
3. Date of incom	poration/qualification: 11/24/1997	Document number: P97000099787	
4. The name an	d address of the current registered agent and offic	ce:	
	Dr. Hernan Diaz-Bolano		
	8200 Miller Street		
	Miomi ET 33155		
5. The name an	Miami, FL 33155 ad address of the new registered agent and office:	(P. O. Box Not Acceptable)	Ĭ
	Dr. Hernan Diaz-Bolano	**************************************	}
	8200 Miller Drive		}
	Miami, FL 33155		
The street add agent, as chan	ress of its registered office and the street addreged, will be identical.	ess of the business office of its register	ed
Such change v	was authorized by resolution duly adopted by it	ts board of directors or by an officer so)
flance	1 Sin Belins (m)	12-26-97 (Date)	-
(Signature	of an officer, chairman or vice chairman of the board)	(Date)	
Hernan I	Diaz-Bolano M.D.	12/26/97	
	(Printed or typed name and title)	(Date)	
corporation, 1	named as registered agent and to accept service hereby accept the appointment as registered of to comply with the provisions of all statutes roof my duties, and I am familiar with and accept nt.	relative to the proper and complete	-
Herry	i Lin Bolairo, mo	12-26-97 (Date)	
f perman	(Signature of Registered Agent)	(Date)	
If signing on beh	alf of an entity:		
Hernan Dia	az-Bolano M.D.	Director	
	(Typed or Printed Name)	(Capacity)	

CR2E045(3/96)