

P98000001437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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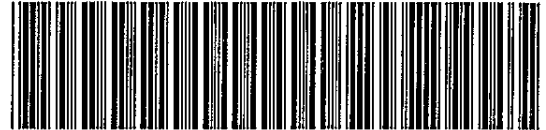
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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HOLCOMB & MAYTS, P.A.

Attorneys And Counselors at Law
201 N. ARMENIA AVE.,
TAMPA, FLORIDA 33609
Phone: (813) 874-8800
Fax: (813) 874-8700

VICTOR W. HOLCOMB

ANDREW J. MAYTS, JR.

June 28, 2005

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

RE: Bayside Pediatrics, Inc.

To Whom It May Concern:

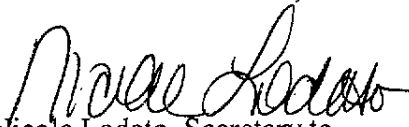
Enclosed herewith please find the original and one copy of the Statement of Change of registered agent for Bayside Pediatrics, Inc. Please file and record the original Statement of Change at your soonest opportunity.

Also enclosed is our firm check in the amount of \$35.00 which represents the filing fee.

Should you have any questions, please do not hesitate to contact the undersigned.

Very truly yours,

HOLCOMB & MAYTS, P.A.


Nicole Lodato, Secretary to
Victor W. Holcomb

/nml
Enclosures

**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: Bayside Pediatrics, Inc.
2. The principal office address: 2727 W MARTIN LUTHER KING JR BLVD., SUITE 780, TAMPA, FL 33607
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01-07-1998 Document number: P98000001437

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Stuart Levine, Esq.

1515 Ringling Blvd., Suite 1900

Sarasota, FL 34236

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

Victor W. Holcomb

201 N. Armenia Ave.

(P.O. Box NOT acceptable)

Tampa, FL 33609

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]
(Signature of an officer or director)

Luis Narden Pinzon
(Printed or typed name and title) Dwight Officer

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]
(Signature of Registered Agent)

6-24-05
(Date)

If signing on behalf of an entity:

Victor W. Holcomb

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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