

P 98000014819

Requestor's Name	
Address	
City/State/Zip	Phone #

800002656128--4
-10/05/98--01144--001
****455.00 ****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

A Partnership Including
Professional Corporations
201 South Biscayne Boulevard
22nd Floor
Miami, FL 33131-4336
305-358-3500
Facsimile 305-347-6500

MCDERMOTT, WILL & EMERY

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

ROT Change
10-8-98
PMS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 OCT -5 PM 12:27

APPROVED
AND
FILED

Examiner's Initials

Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of section 607.0502 or 607.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Atlantic Shore Orthopaedic Associates Management, Inc

1a. Date of incorporation February 13, 1998 Document number P98000014819

2. The name and address of the current registered agent and office:

David Peck
2255 Glades Road, Suite 416-A, Boca Raton, Florida 33431

3. The name and address of the new registered agent and office:
(P.O. Box Not Acceptable)

Peter H. Harris, Esq.
c/o OMNA Medical Partners, Inc. 2255 Glades Road, Suite 416-A, Boca Raton, Florida 33431

The street address of its registered agent 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.

SIGNATURE

David Peck
(name and title)

David Peck, President

DATE September 29 1998

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 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.

SIGNATURE

Peter H. Harris
(Registered Agent)

Peter H. Harris, Esq.

DATE September 29 1998

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

FILING FEE: \$35.00