P98000048268

Address

Address

City/State/Zip Phone #

Requestor's Name

80002656138--3
-10/05/38--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

Other

Mail out	Will wait Photocopy Certificate of Status		
NEW FILINGS	AMENDMENTS		
Profit	Amendment		
NonProfit	Resignation of R.A., Officer/ Director	₹ ₆ 9	
Limited Liability	Change of Registered Agent	98 OCT -5 SECRETARY TALLAHASSI	
Domestication	Dissolution/Withdrawal	HASS HASS	7
Other	Merger		
Annual Report Fictitious Name Name Reservation	REGISTRATION/ QUARTERICATION Foreign Limited Partnership Reinstatement Trademark	PM 12: 29 OF STATE FLORIDA	- E

Examiner's Initials

有限犯法 都等人的明日本

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 $\frac{\text{Florida}}{\text{Florida}}$, 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:	EOA ACQUISI	TION, INC.			
1a. Date of incorporationMay	29, 1998	Document number_	P98000048268		
2. The name and address of the o	current registered	agent and office:	_		
David Peck 2255 Glades Road, Suite 4			98 DCT - SECRET		
3. The name and address of the net (P.O. Box Not Acceptable)	w registered agen ble)	t and office:	SEE, F		
Peter H. Harris, Esq. c/o _S OMNA Medical Partners 2235 Glades Road, Suite 4	io Inc. Boca Raton	, Florida 33431	S AILE ONIDA		
of its registered agent as changed, some some of the second of the secon	solution duly adoped. SIGNATURE	DRan	ectors or by		
1		(name and title) President Intember 2 7 1998			
HAVING BEEN NAMED AS REGIST PROCESS FOR THE ABOVE STATE IN THIS CERTIFICATE, I HEREBY A AGENT AND AGREE TO ACT IN THE WITH THE PROVISIONS OF ALL STOLETE PERFORMANCE OF MY DUTHE OBLIGATION OF MY POSITION	ERED AGENT AND CORPORATION COEPT THE APPLIES CAPACITY. I IF ATUTES RELATIVES, AND I AM FOR AS REGISTERE SIGNATURE Peter H. Harri	ID TO ACCEPT SERV N AT THE PLACE DE COINTMENT AS REGIS FURTHER AGREE TO VE TO THE PROPER FAMILIAR WITH AND D AGENT	SIGNATED STERED COMPLY AND COM- ACCEPT		

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

CR2E045 (7-90) FILING FEE: \$35.00