

P98000067294

PALM BEACH NEUROLOGY
St. Mary's Neuroscience Center
5205 GREENWOOD AVENUE ♦ SUITE 200
WEST PALM BEACH, FL 33407

City/State/Zip

Phone #

Office Use Only

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

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-06/12/00--01105--004
*****35.00 *****35.00

1. _____
(Corporation Name) (Document #)
2. _____
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3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in Pick up time Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS

- Profit
 Not for Profit
 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

REGISTRATION/QUALIFICATION

- Foreign
 Limited Partnership
 Reinstatement
 Trademark
 Other

file date 7/26
Al 7/29

Examiner's Initials

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PALM BEACH NEUROLOGY
St. Mary's Neuroscience Center
5205 GREENWOOD AVENUE ♦ SUITE 200
WEST PALM BEACH, FL 33407

RECEIVED
00 JUL 26 AM 10:41
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 16, 2000

PALM BEACH NEUROLOGY
5205 GREENWOOD AVE., STE 200
WEST PALM BEACH, FL 33407

SUBJECT: PALM BEACH NEUROLOGY, P.A.
Ref. Number: P98000067294

We have received your document for PALM BEACH NEUROLOGY, P.A. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6908.

Anna Chesnut
Corporate Specialist

Letter Number: 200A00034544

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, 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: Palm Beach Neurology, P.A.

2. The mailing address of the corporation is: 5205 Greenwood Ave St 200
W. P. Bch. Fl. 33408

3. Date of incorporation/qualification: July 31, 1998 Document number: PA8 000067294

4. The name and address of the current registered agent and office:
Valdes. Fauli Corporate Services, Inc
3400 One Biscayne Tower 2 South Biscayne Blvd
Miami, Fl 33131

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Joseph R. Russo, CPA
4400 PBA Blvd St 707
Palm Bch Cochs Fl. 33410

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.

C Sadowski
(Signature of an officer, chairman or vice chairman of the board)

7/5/00
(Date)

CARL SADOWSKI, M.D.
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

X [Signature]
(Signature of Registered Agent)

7/12/00
(Date)

If signing on behalf of an entity:
Joseph Russo, CPA.
(Typed or Printed Name) (Capacity)

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