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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sarasota Ob/Gyn Associates, P.A.
(Name of Corporation)

DOCUMENT NUMBER: p98000096885

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wayne Cohen, MD.

(Name of Contact Person)

Sarasota Ob/Gyn Associates, PA

(Firm/Company)

2447 Bee Ridge Rd

(Address)

Sarasota, Florida 34239

(City/State and Zip Code)

For further information concerning this matter, please call:

Wayne Cohen

(Name of Contact Person)

at (941-379-9565)

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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.

- CR2E045 (8/05)