

P99000029045

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C T CORPORATION SYSTEM

660 East Jefferson Street

Requestor's Name

Tallahassee, Florida 32301

Address

(850) 222-1092

City

State

Zip

Phone

800002889968--2

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*****35.00 *****35.00

CORPORATION(S) NAME

Key West HMA Physician Management, Inc.

- | | | |
|--|---|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Fict. Filing | <input checked="" type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Liability Partnership | | <input type="checkbox"/> UCC-1 UCC-3 |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

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G. GOULLETTE MAY 28 1999

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99 MAY 28 PM 2:02
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
Melanie

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: Key West HMA Physician Management, Inc.
2. The mailing address of the corporation is: 5811 Pelican Bay Blvd., Suite 500
Naples, FL 34108
3. Date of incorporation/qualification: 03-30-1999 Document number: P99000029045
4. The name and address of the current registered agent and office:

Timothy R. Parry

5811 Pelican Bay Blvd., Suite 500

Naples, FL 34108

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

CT Corporation System

1200 S. Pine Island Road

Plantation, FL 33324

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.

Timothy R. Parry
(Signature of an officer, chairman or vice chairman of the board)

5-17-99
(Date)

Timothy R. Parry

(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.

Vicky Goldstein
(Signature of Registered Agent)

5-27-99
(Date)

If signing on behalf of an entity:

VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY

CT Corporation System

(Typed or Printed Name)

(Capacity)

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