LEFTER, CUSHMAN & WILKINSON, P.A.

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OF COUNSEL THOMAS R. CUSHMAN ALICE L. CUSHMAN RICK W. SADORF

August 9, 1999

Florida Department of State
Division of Corporations
Domestic Charter Section
Post Office Box 6327
Tallahassee, Florida 32314

Re: Charlotte Heart & Vascular Institute, P.A.

300002957143--4 -08/11/99--01067--016 *****35.00 *****35.00

Gentlemen:

Enclosed please find the original and one copy of Statement of Change of Registered Office or Registered Agent or Both for Corporation for the above-referenced professional association, together with our check for \$35.00. Please file this Statement of Change immediately upon receipt. Please stamp received on the copy and return it to our office.

If you have any questions or if there is a problem with the filing, please telephone this office before returning the documents. Your prompt attention to this matter is appreciated.

Very truly yours,

G. Barry Wilkinson

Mason Miller

GBW:dt

Enclosures

cc: Charlotte Heart & Vascular Institute, P.A.

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

	-	007.0302, 617.0302, 607.13 ander the laws of the State o	of Florida S	tatutes,	
		to change its registered of	fice or registered agent, or b	ooth, in	
the State of Flo.		АВІ.ОТТЕ НЕАВТ & VA	SCULAR INSTITUTE, F	D . 7A .	
1. The name of	the corporation is.	CALLED THE PARTY OF VII	OCCUPITE LINDITE OF LIFE	- 23 -	
2. The mailing a	address of the corporation	is: 3005 Caring	Way, Port Charlotte		
F <u>lorida</u> 3	-			± ·	
3. Date of inco	rporation/qualification:	April 28, 1999Doc	ument number: P99000	038702	
4. The name and	d address of the current re	gistered agent and office:			
_	Jack O. Hacket	t II			
	115 W. Olympia	Avenue	TASE	ည	
5. The name and		L 33950 stered agent and office: (P. (
	G. Barry Wilki		· (7)-(1)	<u> </u>	
-	696 1st Avenue	North, Suite 201	FLOR	Ö	
-	St. Petersburg	, FL 33701	52 10 _A	<u>.</u>	
The street addreagent, as change	ess of its registered office ed, will be identical.	and the street address of the	he business office of its regis	stered	
Such change wa authorized by th	as authorized by resolutione board.	on duly adopted by its board	d of directors or by an office	r so	
(Signature	nce Plunnelly— of an officer, chairman of fice ch	airman of the board)	3/9/99 (Date)		
Tereno	ce P. Connelly, P.	resident	,		
yy . 1	(Printed or typed name and	•	August and Section 1	. , .	
Having been na corporation, I h I further agree performance of registered agen	vereby accept the appoint to comply with the provis my duties, and I dra fami	and to accept service of pro ment as registered agent a sions of all statutes relative iliar with and accept the ob	rocess for the above stated and agree to act in this capace to the proper and complete bligation of my position as	zity.	
(8	THSUL		8/9/99		
If signing on behal	ignature of Registered Agent) f of an entity:		(Date)		
(7	Typed or Printed Name)		(Capacity)	<u></u> -4:,	
* * * FILING FEE: \$35.00 * * *					

DIVISION OF CORPORATIONS P.O. Box 6327

TALLAHASSEE, FL 32314

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