

P 990000064271

CITRUS EMERGENCY SERVICES, P.A.  
2723 HIGHWAY 44 WEST  
IVERNESS, FL 34453-3729  
(352) 341-3501

September 17, 2001

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

3000004602653--7  
-09/20/01--01056--004  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Please note that the corporation also has a new physical address.  
Our new corporate location is:

Citrus Emergency Services, P.A.  
2723 Highway 44 West  
Inverness, FL 34453-3729

FILED  
01 SEP 20 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Sincerely,

*Robert R. Arrington, M.D.*

Robert R. Arrington, M.D.  
President, Citrus Emergency Services, P.A.

*ADA Change  
9-26-01  
MS*

**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: Citrus Emergency Services, P.A.

2. The mailing address of the corporation: (old Address)  
1389 South Waterview Drive, Inverness, FL 34450

3. Date of incorporation/qualification: 07/20/1999 Document number: P99000064271

4. The name and address of the current registered agent and office:

Bryan D. Fredrick, M.D.  
1389 South Waterview Drive  
Inverness, FL 34450

5. The name and address of the new registered agent (if changed) and/or registered office (if changed)  
(P. O. Box Not Acceptable)

Robert R. Arrington, M.D.  
2723 Highway 44 West  
Inverness, FL 34453-3729

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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.

Robert R. Arrington, M.D. - President  
(Signature of an officer, chairman or vice chairman of the board)

9-17-2001  
(Date)

Robert R. Arrington, M.D., President  
(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.

Robert R. Arrington, M.D.  
(Signature of Registered Agent)

9-17-2001  
(Date)

If signing on behalf of an entity:

Robert R. Arrington, M.D., President, Citrus Emergency Services, P.A.  
(Typed or Printed Name) (Capacity)

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