

P99000083960

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

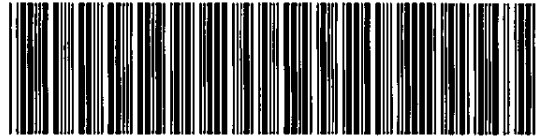
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600081380876

RA  
Charge

FILED

2006 NOV -9 PH 2:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

06 NOV -9 AM 10:57

DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DR  
M. Barber



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 588063 7182683

AUTHORIZATION :

COST LIMIT : \$ 35.00

*[Handwritten signature]*

ORDER DATE : November 9, 2006

ORDER TIME : 10:13 AM

ORDER NO. : 588063-030

CUSTOMER NO: 7182683

CHANGE OF AGENT

NAME: BOCA MEDICAL SPECIALISTS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY

CONTACT PERSON: Kathy Drake -- EXT# 2959

EXAMINER: \_\_\_\_\_

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

FILED

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.

2006 NOV 9 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of the corporation: Boca Medical Specialists, Inc.
2. The principal office address: 1551 Sawgrass Corporate Parkway, Suite 110, Sunrise, FL 33323
3. The mailing address (if different): P.O. Box 266211, Weston, FL 33326-6211
4. Date of incorporation/qualification: 9/20/99 Document number: P99000083960

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Brent D. Klein

701 Brickell Avenue, Suite 1900

Miami, FL 33131

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

(P.O. Box NOT acceptable)

Tallahassee, FL 32301

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, or the corporation has been notified in writing of the change.

(Signature of an officer or director)

Asst. Sec.  
(Printed or typed name and title)

*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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Corporation Service Company

By: Sarah K. Drake

(Signature of Registered Agent)

11/9/06  
(Date)

If signing on behalf of an entity:

**Sarah K. Drake**  
**as its agent**

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)