

P 99000096781

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H99000028558 7)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850) 922-4000

From:  
Account Name : JOHNSON, BLAKELY, POPE, BOKER, RUPPEL & BURNS, P.A.  
Account Number : 076666002140  
Phone : (727) 461-1818  
Fax Number : (727) 441-8617

RECEIVED  
99 NOV 10 AM 7:50  
DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

CARDIOVASCULAR ASSOCIATES OF TAMPA BAY, INC.

FILED  
99 NOV 10 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing

Public Access Help

RA Change

11-10-99 Dc

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

Pursuant to the provisions of Section 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.

- 1a. The name of the corporation is: Cardiovascular Associates of Tampa Bay, Inc.
- 1b. The mailing address of the corporation is: 511 W. Bay Street, Suite 301, Tampa, FL 33606
- 1c. Date of incorporation: November 3, 1999 Document number: P99000096781
2. The name and address of the current registered agent and office:
- Philip M. Shasteen  
100 North Tampa Street, Suite 1800  
Tampa, FL 33602
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)
- James D. Cates, M.D.  
511 W. Bay Street, Suite 301  
Tampa, FL 33606
- FILED  
99 NOV 10 AM 10:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

(Signature of an officer, chairman or vice chairman of the board)

11-3-99  
(Date)

James D. Cates, Secretary  
(Printed or typed name and title)

11-3-99  
(Date)

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.

(Signature of Registered Agent)

11-3-59  
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)