

S63500

FILING COVER SHEET

ACCOUNT NUMBER: ECA000000014

REFERENCE: 0177-687

DATE: 10-9-97 300002316983--9

CONTACT NAME: CINDY HICKS

REQUESTOR NAME: CORPORATE & CRIMINAL RESEARCH SERVICES
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301

TELEPHONE: 904-222-1173

AUTHORIZATION: Cindy Hicks

CORPORATION NAME: South Florida Orthopedic
Care, Inc.

DOCUMENT NUMBER: _____
(if known)

TALLAHASSEE, FLORIDA

97 OCT -9 PM 4:33

FILED

Change of Agent

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> CERT. OF AUTHORITY | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> UCC 1 | <input type="checkbox"/> UCC 3 |

☐ CERTIFIED COPY

COST LIMIT

☒ CERTIFICATE OF STATUS

☒ PLAIN STAMPED COPY

35.00

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> CALL WHEN READY | <input type="checkbox"/> CALL IF PROBLEM | <input type="checkbox"/> AFTER 4:30 |
| <input type="checkbox"/> WALK IN | <input type="checkbox"/> WILL WAIT | <input type="checkbox"/> PICK UP |
| <input type="checkbox"/> MAIL OUT | | |

10/9
R.A. Chang

Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of section 607.0502 or 607.1508, 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: SOUTH FLORIDA ORTHOPEDIC CARE, INC.

1a. Date of incorporation 6/27/91 Document number S63500

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

Glenn E. Troast, c/o OMNA Medical Partners, Inc., 2255 Glade Road, Suite 416A, Boca Raton, Florida

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

David Peck, c/o OMNA Medical Partners, Inc., 2255 Glade Road, Suite 416A, Boca Raton, Florida 33431

The street address of its registered agent 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

(name and title)

David Peck, President

DATE

9/30/97

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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

(Registered Agent)

David Peck

DATE

9/30/97

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

CR2E045 (7-90)

FILING FEE: \$35.00