

563500

Requestor's Name	
Address	
City/State/Zip	Phone #

100002656131--5
-10/05/98--01144--001
*****455.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1.
- 2.
- 3.
- 4.

*A Partnership Including
Professional Corporations*
201 South Biscayne Boulevard
22nd Floor
Miami, FL 33131-4336
305-358-3500
Facsimile 305-347-6500

MCDERMOTT, WILL & EMERY



☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RTA *Chap*
10-8-98
DAS

98 OCT -5 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Examiner's Initials

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 June 27, 1991 Document number S63500

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

David Peck
2255 Glades Road, Suite 416-A, Boca Raton, Florida 33431

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

Peter H. Harris, Esq.
c/o OMNA Medical Partners, Inc.
2255 Glades Road, Suite 416-A, Boca Raton, Florida 33431

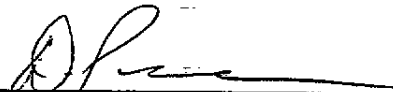
98 OCT -5 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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 September 29 1998

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)

Peter H. Harris, Esq.

DATE September 29 1998

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