

671820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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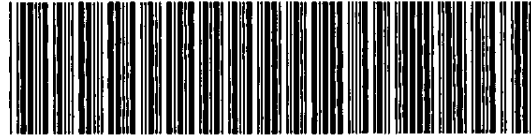
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Center for Plastic and Reconstructive Surgery A Professional Association  
Name of Corporation

**DOCUMENT NUMBER:** 671820

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Kathy Wingerter

\_\_\_\_\_  
Name of Contact Person

Center for Plastic and Reconstructive Surgery A Professional Association

\_\_\_\_\_  
Firm/Company

801 N. Orange Avenue, Suite 815

\_\_\_\_\_  
Address

Orlando, FL 32801

\_\_\_\_\_  
City/State and Zip Code

kwingcrp@bellsouth.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Wingerter

(407)898-1436

\_\_\_\_\_  
Name of Contact Person at ( ) Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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, 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.

1. The name of the corporation: Center for Plastic and Reconstructive Surgery A Professional Association  
2. The principal office address: 801 N. Orange Avenue, Suite 815; Orlando, FL 32801

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 06/01/1980 Document number: 671820

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Kendall K. Peters, M.D.  
2501 N. Orange Avenue, Suite 442  
Orlando, FL 32804

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

Kendall K. Peters, M.D.  
801 N. Orange Avenue, Suite 815  
Orlando, FL 32801

P.O. Box NOT acceptable

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

Kendall K. Peters  
Signature of an officer or director

Kendall K. Peters, M.D. President  
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.*

Kendall K. Peters  
Signature of Registered Agent

08/14/2013  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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