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1/002

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 12000000195 Phone : (850)521-1000

Fax Number

: (850)558-1575

\*\*Enter the email address for this business entity to be used for full annual report mailings. Enter only one email address please. Email Address:



REGISTERED AGENT CHANGE HEALTHWORKS MED GROUP OF FLORIDA, P.A.

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d the

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

	provisions of sections 607.0502, 617.0502, 60 nge is submitted for a corporation organized				
	r to change its registered office or registered				
1. The name of	he corporation: HEALTHWORKS MED	GROUP OF FLORIDA, P.A.			
2. The principal	office address: 205 Miller Springs Court,	Franklin, TN 37064			
3. The mailing a	ddress (if different):				
4. Date of incor	poration/qualification: 08/21/2008	Document number: P080000779	145		
	I street address of the current registered agent trnent of State:	and registered office on file with the	1		
•	NRAI Services, Inc.		E SE	2010	
	2731 Executive Park Dr., Suite 4		AHA AHA	2010 JAN -4	
	Weston, FL 33331		SSES Alth	‡	
6. The name and (if changed):	I street address of the new registered agent (if	changed) and /or registered office	of STAT	AM 9:	•
•	Corporation Service Company		D.F.	53	
	1201 Hays Street				
	(P.O. Box NOT acceptable)				
	Tallahassee, FL 32301				
The street addr	ess of its registered office and the street add be identical.	ress of the business office of its reg	istered ag	gent,	
Such change wanthorized by t	as authorized by resolution duly adopted by he board, or the corporation has been notific	its board of directors or by an officed in writing of the change.	er so		
		landall L. Twyman, Treasurer			
	ire of an officer of director)	(Printed or typed name and title)			
согрогинов па	the appointment as registered agent and a to comply with the provisions of all statutes ad I am familiar with and accept the obligat ing filed merely to reflect a change in the re s been notified in writing of this change.	ree to act in this capacity relative to the proper and complete ion of my position as registered age gistered office address, I hereby co	e perform int. Or, i nfirm tha	iance if this it the	
Corporation	Service Company	1/4/2010			
ByUf	gnature of Registered Agent)	(Date)			
If signing on b	chalf of an entity:				
	Dawson, Asst. Vice President Typed or Printed Name)				
·	* * * FILING FÉE:	\$35.00 * * *			