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For publica	ard to all the people, businesses and pub tions, tape an old address label over name sew address.	and old address sections and
Your Name	Print or Type—Last Name, First Name, Middle Initial	Worrercareth.
Old Address	No. and Street A 10 17 Rounc'e Dr. City and State Or land of Fig.	Apt./Suite No. P.O. Box R.D. No. ZIP Code Office Use Only
New Address	No. and Street 2802 Alorma Ave. City and State Winter Park, M.	Apt./Suite No. PO. Box R.D. No. 100 Known): SOUDO4521538-0-0 32792 ******35.00 ******35.00
Sign Here	Signature Date new a in effect Brun Ola Barry MD 3/1	101 100-9730
PS FÖRM 3576	RECEIVER: Be sure to record the above new address	in your address book at home or office.
	(Corporation Name)	(Document #)
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F	(Corporation Name)	(Document #)
	Valk in Pick up time _ Iail out Will wait	Certified Copy Photocopy Certificate of Status
Pro No Lin	FILINGS ofit ot for Profit mited Liability omestication her	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
<u>OTHE</u>	R FILINGS	REGISTRATION/QUALIFICATION
	nual Report titious Name	Foreign Limited Partnership Reinstatement Trademark Other V. SHEPARD OCT 10 2001

Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED OFFICE FOR CORPORATIONS

Pursuant to the provisions of section 607.0502(3), 617.0502(3), 607.1508(2), or 617.1508(2), Florida Statutes, the undersigned registered agent of a corporation organized under the laws of the
State of FLORIDA submits the following statement in order
to change the registered office in Florida.
1. The name of the corporation: Women Case P.A.
2. The street address of the current registered office: 4107 Bounce Dr. Orlando Fz 32812
3. The street address of the new registered office:
2802 Aloma Ave Ste. 100 Winter Park, Fil 32792
The corporation has been notified in writing of this change. The street address of the registered office and the street address of the business office of the registered agent, as changed, will be identical
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Date: $\frac{9/28/01}{}$
Brenda M. Barry, M. D. (Signature of Registered Agent) (Printed or Typed Name)

Filing Fee: \$35.00

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314