## Division of Corporations 548

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Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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Account Name : FOLEY & LARDNER
Account Number : 072720000061
Phone : (904)359-2000

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## REGISTERED AGENT CHANGE

FRANKLIN, FAVATA & HULLS, M.D.'S, P.A.

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida
	er to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: Franklin, Favata & Hulls, M.D.'s, P.A.
2. The principal	office address: 3100 E. Fletcher Ave., Tampa, FL 33617
3. The mailing a	address (if different): 12479 Telecom Dr., Tampa, FL 33637
4. Date of incorp	poration/qualification: 06/05/1974 Document number: 454186
	d street address of the current registered agent and registered office on file with the riment of State:
	Foley & Lardner Corp.
	200 Laura Street North, 3rd Floor
	Jacksonville, FL 32202
6. The name and (if changed):	200 Laura Street North, 3rd Floor  Jacksonville, FL 32202  d street address of the new registered agent (if changed) and /or registered office
	F&L Corp.
	One Independent Drive, Suite 1300
	(P.O. Box NOT acceptable)
	Jacksonville, FL 32202
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
	We of an other or director)  ANORE JAN DREVILLE  (Printed or typed pages and title)
F&L CORP.  By Lane	the appointment as registered agent and agree to act in this capacity.  to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the speen notified in writing of this change.
	gnature of Registered Agent) (Date)
Charles V. He	edrick, Authorized Signatory

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314