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ACCOUNT NO. : 072100000032

REFERENCE : 932504

7363997

AUTHORIZATION 🦪

COST LIMIT : \$ 35.00

ORDER DATE: February 14, 2003

ORDER TIME : 7:56 AM

ORDER NO. : 932504-010

CUSTOMER NO: 7363997

CUSTOMER: Ms. Marlene Bramer

Friedbauer & Friedbauer, Llc

Suite 2525

701 Brickell Avenue Miami, FL 33131

CHANGE OF AGENT

NAME: MEDICAL MANAGEMENT OF MACON,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT# 1140

EXAMINER:

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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 law.	s of the State of
Florida in order to change its registered office or registered age	ent, or both, in the State
of Florida.	•
1. The name of the corporation: MEDICAL MANAGEMENT OF MACON, INC.	
2. The principal office address: 23612 Kellogs Ave., Madon, NO 61552	ALI.
	A HAR
3. The mailing address (if different): P.O. Box 465, Macon, MO 63552	<u>S</u>
4. Date of incorporation/qualification: November 15, 1977 Document numb	:\
.5. The name and street address of the current registered agent and registered offi	== 2
Florida Department of State:	
Mark London	
4030-C Sheridan St.	
Hollywood, FL 33021	·
6. The name and street address of the new registered agent (if changed) and changed);	/or registered office (if
Corporation Service Company	
1201 Hays Street (FO Box or femont) manbox NOT 33corphism)	
Tallahnssee, FL 12301	
The street address of its registered office and the street address of the business agent, as changed will be identical.	office of its registered
Such change was authorized by resolution duly adopted by its board of directo authorized by the board, or the corporation has been notified in writing of the	rs or by an officer so change.
Chignature of an officer, challman or exe challmen or the South	ident indtuc)
I hereby accept the appointment as registered agent and agree to act in this call further agree to comply with the provisions of all statutes relative to the properformance of my duties, and I am jamiliar with and accept the obligation of registered agent. Or, if this document is being filed merely to reflect a change office address, I hereby confirm that the corporation has been notified in write	spacity, her and complete my position as t in the registered ing of this change,
(Signature of Registered Agent) (Signature of Registered Agent)	
•	
If signing on behalf of an entity: Cynthia L. Harris as its agent	
(Typed or Frinted Name) (Capacity)	

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

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