

551398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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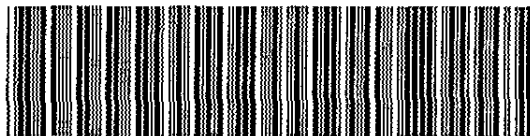
(Business Entity Name)

(Document Number)

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C. Coulliette MAR 24 2003



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 932504 7363997

AUTHORIZATION :

Patricia Pignato

COST LIMIT : \$ 35.00

ORDER DATE : February 14, 2003

ORDER TIME : 7:57 AM

ORDER NO. : 932504-015

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 OSAGE
BEACH, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT# 1140

EXAMINER: _____

**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: MEDICAL MANAGEMENT OF OSAGE BEACH, INC.
2. The principal office address: 344 Passover Road, Osage Beach, MO 65065-0659
3. The mailing address (if different): P.O. Box 659, Osage Beach, MO 65065-0659
4. Date of incorporation/qualification: November 17, 1977 Document number: 551398
5. The name and street address of the current registered agent and registered office on file with the
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 /or registered office (if
changed):

Corporation Service Company

1201 Nays Street

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

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.


(Signature of an officer, chairman or vice chairman of the board)

Stuart Yachnowitz, 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.*

Cynthia L. Harris
(Signature of Registered Agent)

3/21/03
(Date)

If signing on behalf of an entity:

**Cynthia L. Harris
as its agent**

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
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