

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

August 3, 1998

HEATHER E. FITZGERALD MEDICAL GARDENS OF VENICE OWNERS ASSOC. 219 PALERMO PLACE VENICE, FL 34285 100002629711---8 -09/01/98--01005--015 \*\*\*\*\*\*35.00 \*\*\*\*\*\*35.00

SUBJECT: MEDICAL GARDENS OF VENICE OWNERS ASSOCIATION, INC.

Ref. Number: 734603

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6905.

Thelma Lewis
Corporate Specialist Supervisor

Letter Number: 998A00040469

DECEIVED 90 AUG 31 PH 9: 30 31VISIGN OF CORPORATION

98 AUG 31 PH 4: 51
SEORETARY OF STATE
TALLAHASSEE, FLORINA

AUG 3 1 1998

## . Florida Department of State, Sandra B. Mortham, Secretary of State

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

-	provisions of sections 607.0502, 61 oration organized under the laws of	1.0302, 607.1308, or 617.1308, Flori the State of $Florido$	aa statutes, the
submits the follo		ts registered office or registered agent	t, or both, in the
State of Florida.			
1. The name of the	he corporation is: Medical Gard	ens of Venice Owners Assoc	ciation, Inc
2. The mailing ac	Idress of the corporation is: 219	Palermo Place Venice FL 34	285
	oration/qualification: <u>12/15/197</u> address of the current registered age	5 Document number: 734 ent and office:	1603
	Thomas Tyler, MD		
	213 Palermo Place		
	Venice FL 34285	ALL C	98 80
5. The name and	address of the new registered agent	and office: (P.O. Box Not Acceptable	AUG 3
	Robert E. Moss. MD		
	219 Palermo Place	LOR	₹ Z
	Venice FL 34285	DA	<u>51</u>
The street addre	ss of its registered office and the stre d, will be identical.	et address of the business office of its	registered
Such change was authorized by the	s authorized by resolution duly adopte board.	ted by its board of directors or by an o	fficer so
M	<b>-</b>	8-27-18	
(Signature of an offi	cer, chairman or vice chairman of the board)	(Date)	<del> </del>
Robert	E, Moss, MD	8-28-98 ed name and title)	
Having been nat I hereby accept comply with the and I am familia	, , , , , ,	ot service of process for the above stat and agree to act in this capacity. I fu the proper and complete performance my position as registered agent.	ted corporation, rther agree to of my duties,
Allo	· · · · · · · · · · · · · · · · · · ·	(Date)	
(Signature	of Registered Agent)	(Date)	
If signing on be	half of an entity:		
Robert (Typed or	E. Moss, MD Printed Name)	8-28-98 (Capacity)	