

A05787

Requester's Name
5601 North Dixie Hwy
Ste 420
Address
Ft Lauderdale FL 33334
City/State/Zip Phone #

600004568736--9
-09/04/01--01122--014
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. AMERICAN MEDICAL PLAZA LIMITED
(Corporation Name) (Document #)
2. A05787
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in Pick up time Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 OCT - 1 PM 12:39
WJG

Examiner's Initials

3P



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

September 13, 2001

JOHN MUDD
AMERICAN MEDICAL PLAZA LIMITED
5601 NORTH DIXIE HIGHWAY, SUITE 420
FORT LAUDERDALE, FL 33334

SUBJECT: AMERICAN MEDICAL PLAZA LIMITED
Ref. Number: A05787

We have received your document for AMERICAN MEDICAL PLAZA LIMITED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but this entity is a limited partnership. Enclosed is the correct form for your entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 201A00051536

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DIVISION OF CORPORATIONS
01 OCT - 1 PM 12: 39

9/26/01

Please see attached -

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership organized under the laws of the state of FLORIDA, submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. AMERICAN MEDICAL PLAZA LIMITED
Name of the limited partnership
2. 6/20/1977 3. A05787
Date of filing/registration in Florida Document number assigned

4. The name and address of the present registered agent and office:

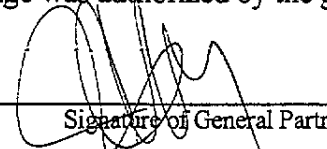
JOHN MUDD
11880 S.W. 40th STREET, SUITE 405
MIAMI, FLORIDA 33175

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT - 1 PM 12:39

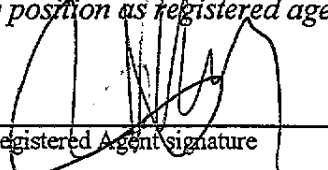
5. The name and street address of the successor registered agent and office: (P.O. Box ~~not~~ acceptable)

JOHN MUDD
5601 NORTH DIXIE HIGHWAY, SUITE 420
FORT LAUDERDALE, FL 33334

Such change was authorized by the general partners.

 9/26/01
Signature of General Partner Date

Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, 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.

 9/26/01
Registered Agent signature Date

Filing Fee: \$35.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314