

AD8835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

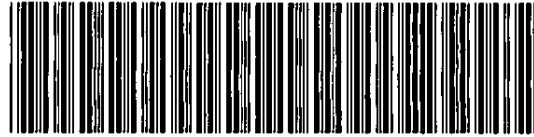
(Business Entity Name)

(Document Number)

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12 MAR -8 PM 1:51

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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12 MAR -8 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAR 12 2012

EXAMINER



CSC.

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 120114 7864759

AUTHORIZATION *Stephanie Milnes*

COST LIMIT : \$ 35.00

ORDER DATE : March 6, 2012

ORDER TIME : 10:59 AM

ORDER NO. : 120114-114

CUSTOMER NO: 7864759

CHANGE OF AGENT

NAME: PUNTA GORDA MEDICAL INVESTORS
LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RESUBMIT

**Please give original
submission date as file date.**

March 9, 2012

CSC / STEPHANIE MILNES

SUBJECT: PUNTA GORDA MEDICAL INVESTORS LIMITED PARTNERSHIP
Ref. Number: A08835

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

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 512A00008917

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. PUNTA GORDA MEDICAL INVESTORS LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 04/28/1980

Date of filing/registration in Florida

3. A08835

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company

Name

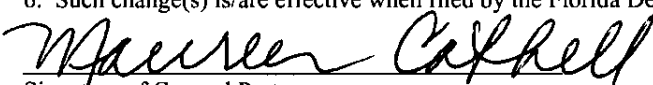
1201 Hays Street

Florida street address (P.O. Box not acceptable)

Tallahassee FL 32301

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.



Signature of General Partner

Maurcen Cathell, Attorney in Fact on behalf of Forrest L. Preston, General Partner

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 obligations of my position as registered agent.

Corporation Service Company

By: Stephanie Nilnes Asst. V.P.

Signature of Registered Agent Sylvia Queppet, Asst. VP

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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TALLAHASSEE, FLORIDA