

A 29806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800249819148

09/23/13--01058--001 **87.50

FILED
13 SEP 23 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: METRO MEDICAL PLAZA ASSOCIATES, LTD
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A29806

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MICHAEL N PRICE

Contact Person

METRO MEDICAL PLAZA ASSOCIATES, LTD.

Firm/Company

13691 METRO PKWY, SUITE 400

Address

FORT MYERS, FL 33912

City, State and Zip Code

JOANDAVIS03@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOAN DAVIS

Name of Contact Person

at (239)

768-2272

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301.

MAILING ADDRESS:

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

FILED
13 SEP 23 AM 10:01
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**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. METRO MEDICAL PLAZA ASSOCIATES, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership
2. MARCH 21, 1990 3. A29806
Date of filing/registration in Florida 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:

HAROLD C KUSHNER
Name
13691 METRO PKWY, SUITE 300
Address
FORT MYERS, FL 33912
City, State and Zip

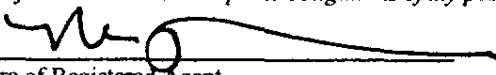
5. The name and Florida street address of the new registered agent and/or office:

MICHAEL N PRICE
Name
13691 METRO PKWY, SUITE 400
Florida street address (P.O. Box not acceptable)
FORT MYERS FL 33912
City, State and Zip

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


Signature of 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.


Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

FILED
13 SEP 23 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA