

A94 0000000317

(Requestor's Name)

 **Ear, Nose, Throat and Facial  
Plastic Surgery Center  
Of South Florida, P. A.**

220 S.W. 84th Avenue, Ste. #101  
Plantation, FL 33324

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 MAY 13 AM 9:20

FILED

05/13/05--01029--009 \*\*35.00

**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 submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. THE JOHNSON FAMILY LIMITED PARTNERSHIP  
Name of the limited partnership
2. 03/14/1994 3. A 9400000031  
Date of filing/registration in Florida Document number assigned
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
- CSC**  
**2711 CENTERVIEW RD**  
**WILMINGTON**  
**DE 19808**
- SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**  
**FILED**  
**MAY 13 AM 9:20**  
**#101**
5. The name and address of the new registered agent and/or office:
- CURTIS JOHNSON**  
**220 SW 8th Ave**  
**PLANTATION FL 33324**
6. Such change(s) was/were authorized by the general partners.

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.*

Signature of Registered Agent

**Make checks payable to Florida Department of State and mail to:**  
**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**  
**Filing Fee: \$35.00**