

A97000000873



Preferred Medical Group
5150 N. Tamiami Trail, Suite 503400
Naples, FL 34103

Office Use Only

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

1. _____ (Corporation Name) _____ (Document #) 000003377730-1
-08/30/00-01062-011 1
*****35.00 *****35.00
2. _____ (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

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

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

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
00 AUG 30 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A97-873
K9-13

Examiner's Initials

**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. Preferred Medical Group Limited Partnership
Name of the limited partnership

2. April 18, 1997
Date of filing/registration in Florida

3. A97000000873
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:

George A. Wilson
Name
821 Fifth Avenue South, Suite 201
Address
Naples, FL 34102
City, State and Zip

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

Brenda Agius
Name
5150 Tamiami Trail North, Suite 400
Florida street address (P.O. Box not acceptable)
Naples, FL 34103
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

Preferred Medical Group, Inc.
General Partner

By: Donald I. Holton
Signature of General Partner Donald I. Holton, President

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.

Brenda Agius
Signature of Registered Agent Brenda Agius

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00

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NO AUG 30 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA