F000000000000077

(Requ	uestor's Name)	
(Addı	ress)	
(Addr	ress)	
(City)	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doct	ıment Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



500024722025

11/20/03--01031--006 **35.00

FILED
03 HOV 20 PM 12: 29
JELRETARY OF STATE
ARE LARGE FLORIDA

MM

11/24/03

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ELLIS MANAGEMENT, INC (Name of corporation)
(Name of corporation)
DOCUMENT NUMBER:
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
GEORGE F- ELLIS, MD (Name of person)
ELLIS MANAGEMENT, INC (Name of firm/company)
92 WISTERIA DRIVE (Address)
LONGWOOD, FL 32779 (City/state and zip code)
For further information concerning this matter, please call:
GEORGE F. ELLIS at 407 9288866 (Name of person) (Area code & daytime telephone number)

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

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of	
to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: ELLIS MANAGEMENT, INCORPORATED CE 2. The principal office address: 92 WISTERIA BRIVE	<u>`</u> 0
LONGWOOD, PL 32779	
3. The mailing address (if different): Same	
4. Date of incorporation/qualification: 7 (20/03 Document number: F00000000677	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
ELLIS, GEORGE F. M.D.	
510 GOVELAS AVE, SUITE 1025	
ALTAMONTE SPRINGS FL 32714 3	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): GEORGE F-ELLIS 92 WISTERIA DRIVE (P.O. Box or personal mailbox NOT acceptable)	
GEORGE F- ELLIS	}
92 WISTERIA DRIVE	
(P.O. Box or personal mailbox NOT acceptable)	
LONGW800, FZ 32779	
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
lose Allis GEORGE F. ELLIS	
(Signature of an officer or director) (Printed or typed name and title)	
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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	
Alexander of Registered Agents (Date)	
If signing on behalf of an entity:	
GEORGE F. FLLIS PRESIDENT	
(Typed or Printed Name) (Capacity)	