

F55028

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DIVISION OF CORPORATIONS

Florida Department of State

Division of Corporations

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To:

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Fax Number : (850) 922-4000

From:

Account Name : M. BURR KEIM COMPANY
Account Number : 119990000242
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE

ANTHONY LIMONCELLI, M.D., P. A.

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Dr

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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: ANTHONY LIMONCELLI, M.D., P.A.
2. The mailing address of the corporation is: 21275 Olean Blvd., Port Charlotte,
FL 33952
3. Date of incorporation/qualification: 11/17/1981 Document number: F55028
4. The name and address of the current registered agent and office:

Anthony Limoncelli

21275 Olean Blvd.

Port Charlotte, FL 33952

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Joseph Spadafora, D.O.

21275 Olean Blvd.

Port Charlotte, FL 33952

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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.

Joseph Spadafora, D.O.
(Signature of an officer, chairman or vice chairman of the board)

11-15-00
(Date)

Joseph Spadafora, D.O., President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Joseph Spadafora
(Signature of Registered Agent)

11-15-00
(Date)

If signing on behalf of an entity:

Joseph Spadafora, D.O.
(Typed or Printed Name)

Registered Agent
(Capacity)

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