

# 653820

FILED  
99 DEC 13 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Requester's Name

Physician Associates  
of Florida  
GOOD HEALTH FROM OUR FAMILY TO YOURS

City

55 SKYLINE DRIVE  
SUITE 2900  
LAKE MARY, FLORIDA 32746

me #

Office Use Only

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

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

500003068365--5  
-12/13/99-01132-007  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

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

### AMENDMENTS

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

### OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

### REGISTRATION/QUALIFICATION

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

RA Chg.

V. SHEPARD DEC 29 1999

Examiner's Initials

**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: Physician Associates of Florida, P.A.

2. The mailing address of the corporation is: 55 Skyline Drive, Suite 2900, Lake Mary, FL. 32746

3. Date of incorporation/qualification: 8/83 Document number: G53820

4. The name and address of the current registered agent and office:

Edward H. Lowenstein, M.D.

2301 Lucien Way, Suite 230

Maitland, Florida 32751

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

Robert Bowles, M.D.

55 Skyline Drive, Suite 2900

Lake Mary, Florida 32746

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.

Robert Bowles M.D.  
(Signature of an officer, chairman or vice chairman of the board)

12/9/99  
(Date)

Robert Bowles, M.D., Chairman of the Board  
(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.*

Robert Bowles M.D.  
(Signature of Registered Agent)

12/9/99  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

**\*\*\* FILING FEE: \$35.00 \*\*\***