

From:4078491233

Division of Corporations

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Florida Department of State  
Division of Corporations  
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**REGISTERED AGENT CHANGE  
VASCULAR SPECIALISTS OF CENTRAL FLORIDA, INC.**

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#115 P.003/003

850-617-6381

11/29/2011 2:55:59 PM PAGE

1/001

Fax Server



November 29, 2011

FLORIDA DEPARTMENT OF STATE

Division of Corporations

VASCULAR SPECIALISTS OF CENTRAL FLORIDA, INC.

80 WEST MICHIGAN STREET

ORLANDO, FL 32806

SUBJECT: VASCULAR SPECIALISTS OF CENTRAL FLORIDA, INC.

REF: G88527

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please complete block #6 with new registered agent street address and city state.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

FAX Aud. #: H11000280081  
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TALLAHASSEE, FLORIDA

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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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Vascular Specialists of Central Florida, Inc.
2. The principal office address: 80 West Michigan Street, Orlando, FL 32806-4453
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 03/02/1984 Document number: G88527

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Michael J. Cohen80 West Michigan StreetOrlando, FL 32806

6. The name and street address of the new registered agent (if changed) and or registered office (if changed):

Elisa Joyce80 West Michigan Street

P.O. Box NOT acceptable

Orlando, FL 32806

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.

  
Signature of an officer or director

Charles S. Thompson, President

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.

  
Signature of Registered Agent

November 21, 2011

Date

If signing on behalf of an entity:

Elisa Joyce

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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