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M. Youakim 10505 Lacera Drive Tampa, FL 33618				
City/State/Zip				-
	L_	Offi	ce Use Only	
DRPORATION NAME(S) & DOCU	IMENT NUMBI	ER(S), (if kno	wn):	
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(Corporation Name)	(Docu	iment #)	-07/31/00- *****35.00	-01118001)- *****35.0
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Limited LiabilityDomestication	 Change of Registered Agent Dissolution/Withdrawal 			
Other	Merger		21	
THER FILINGS	<u>REGISTRA'</u>	TION/QUAL	IFICATION	
Annual Report	G Foreign			
Fictitious Name	Limited	Partnership		

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

and a constraint state of the

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 <u>FLORIDA</u> 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: Maurice I. Youakim, M.D., P.A.

2. The mailing address of the corporation is: 10505 Lacera 1	Dr., Tampa, FL 33618
3. Date of incorporation/qualification: 5/25/1984 Doc	ument number: H05136
4. The name and address of the current registered agent and office:	TALLA F
<u>Maurice I. Youakim, M.D.</u> 4710 N. Habana	
Tampa, FL 33614	
5. The name and address of the new registered agent and office: (P.	O. Box Not Acceptable)
Maurice I. Youakim, M.D.	
10505 Lacera Drive	
Tampa, FL 33618-4009	· · · ·
The street address of its registered office and the street address of agent, as changed, will be identical. Such change was authorized oy resolution duly adopted by its boar authorized by the board.	.
authorized by the boards //	7/27/2000
(Signature of an officer, chairman or vice chairman of the board)	(Date)
/ Maurice I. Youakim, M.D President	
(Printed or typed name and title)	· · · · · · · · · · · · · · · ·
Having been named as registered agent and to accept service of p corporation, I hereby accept the appointment as registered agent I further agree to comply with the provisions of all statutes relativ performance of my duties, and I am familiar with and accept the o registered agent.	rocess for the above stated and agree to act in this capacity. e to the proper and complete obligation of my position as
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
(Typed or Printed Name)	(Capacity)

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

P 20045(7/97)

DIVISION OF CORPORATIONS

P.O. BOX 6327

TALLAHASSEE, FL 32314