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1997

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FLORIDA DEPARTMENT OF STATE

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Jan 29 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H11889

(3)

	SMITH, M.D., P.A.								
Principal Place of Busin	ess	Mailing Addr	ess			I TANKARL BIAN INTOL NACH SANAT IBINI	E LOTT GIBIT AIGHT	AIMII EKAKI EIDHI	BIERL SEEL
			ET NORTH 1102-8100						
						3. Date Incorporated or Qualif 07/11/1984		ate of Last F 13/1996	Report
2. Principal Place of Bu	siness	2a. Mailing A	ddress			4. FEI Number	······································	A	oplied Far
21		26			<del></del>	59-2424296			ot Applicable
Suite Apt. #, etc		Suite, Apt	l. #, etc.			5. Certificate of Status Desired	<b>-</b>	,	Additional equired
City & State		City & Sta	ate			Election Campaign Financia     Trust Fund Contribution	ng		May Be to Fees
<b>Z</b> ip	Country	Zip		Cour	ntry	8. This corporation has liability	/ for intangible		
14	25	29		30		Florida Statutes	Yes	-	
	ne and Address of Curre	ent Registered Age	<u>nt</u>		A21 1.	10. Name and Address of New	w Registered	Agent	
SMITH, FRAN				ļ	81 Name				
689 9TH STR Naples Fl 3		82 Street Ad		dress (P.O. Box Number is Not Acce	eptable)				
10.7 === 1 = 1				Ī	83				
				ŀ	84 City		FL	<b>85</b> Zip	Code
11. Pursuant to the pro	visions of Sections 607.05	502 and 607.1508, F	lorida Statu	ites, the at	ove-named cor	rporation submits this statement for	the purpose of	of changing i	ts registered
	agent, or both, in the Stat	te of Florida. Such ci	nange was	authorized	by the corpora	ation's board of directors. I hereby a	accept the ap	pointment as	registered
office or registered agent. I am famil ar	with, and accept the obli	gations of, Section €	507.0505, F	iorida Stati	Jies.				
agent Tam famiLar SIGNATURE	with, and accept the obli-	galions of, Section 6				uired when reinstating)	DATE		
agent I am famil ar SIGNATURE Signature, I <sub>s</sub> <b>12.</b>	with, and accept the obli- sed or priviled name of regions of a	galions of, Section 6				uired when reinstating)  ADDITIONS/CHANGES TO C			RS IN 12
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