

H79163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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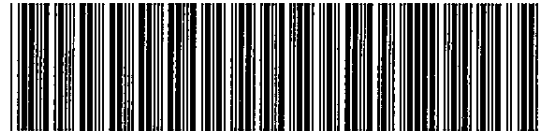
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/17/02--01012--003 **35.00

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02 DEC 16 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Change
T. Lewis 12/16/02

CFRA, LLC
Registered Agent Services
A Subsidiary of Carlton Fields

ONE HARBOUR PLACE, 5TH FLOOR
777 S. HARBOUR ISLAND BOULEVARD
TAMPA, FLORIDA 33602-5730

MAILING ADDRESS:
P. O. BOX 3239
TAMPA, FLORIDA 33601-3239
TEL (813) 223-7000 FAX (813) 229-4133

December 9, 2002

Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

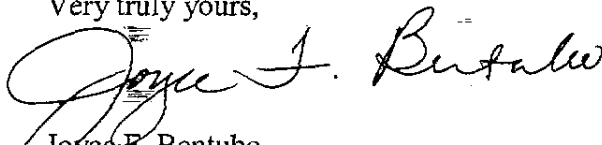
Re: Registered Agent Statement of Change

Gentlemen:

Please find enclosed statement of change for the registered agent of Arthur N. Moxon, M.D., P.A.

Also enclosed is Arthur N. Moxon, M.D., P.A. Check No. 492 in the amount of \$35.00 for the payment of the filing fees of the above-described statement of change.

Very truly yours,


Joyce F. Bentubo
Administrative Assistant

jfb
Enclosures

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

1. The name of the corporation: Arthur N. Moxon, M.D., P.A.
2. The principal office address: 357 PLYMOUTH ST
55 AUGUSTINE FL 32080
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/3/85 Document number: H77163

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

CARLYN KIRK
ONE HARBOUR PLACE
777 HARBOUR ISLAND BLVD
TAMPA FLA 33602-5750

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

CPRA, LLC
ONE HARBOUR PLACE, Ste. 500
777 S HARBOUR ISLAND BLVD TAMPA FL 33602

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.

Arthur N. Moxon
(Signature of an officer, chairman or vice chairman of the board)

ARTHUR N MOXON 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]
(Signature of Registered Agent)

12-09-02
(Date)

If signing on behalf of an entity:

Peter J. Winders
(Typed or Printed Name)

Vice President
(Capacity)

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

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