

K04157

HOLLAND & Knight, LLP	
Requester's Name	
315 So. Calhoun St. Suite 600	
Address	
Tallahassee, FL	425-5675
City/State/Zip	Phone #

Office Use Only

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

1. Datamed Forms, & Software, Inc K04157
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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| <input type="checkbox"/> Walk in | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait | <input type="checkbox"/> Certificate of Status |
| | <input type="checkbox"/> Photocopy | |

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

*Gave ok to
correct current
agent*

*Ro
change*

S. PAYNE MAR 2 - 2001

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

**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: Datamed Forms & Software, Inc.

2. The mailing address of the corporation is: 600 Fairway Drive, Suite 210, Deerfield Beach, FL 33441

3. Date of incorporation/qualification: November 25, 1987 Document number: K04157

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

Elizabeth C. Mitchell

9970 Central Park Boulevard, Suite 301

Boca Raton, FL 33428

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

Angel M. Garcia, M.D.

600 Fairway Drive, Suite 210

Deerfield Beach, FL 33441

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.

Angel M. Garcia, M.D.
(Signature of an officer, chairman or vice chairman of the board)

2/21/2001
(Date)

Angel M. Garcia, President CEO

(Printed or typed name and title)

02/21/01
(Date)

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.

Angel M. Garcia, M.D.
(Signature of Registered Agent)

2/21/2001
(Date)

If signing on behalf of an entity:

Angel M. Garcia

(Typed or Printed Name)

CEO
(Capacity)

CR2E045(4/95)

FILING FEE: \$35.00

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA