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LLANDSSEE FRANCIS

PACM9 DES

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Metro Medical Plaza Inc.								
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Name of Corporation							
DOCUMENT NUMBER:	MENT NUMBER: K74482							
The enclosed Statement of Cha	unge of Registered Offi	ce/Agent and fee are subr	nitted for filing.					
Please return all correspondence	ce concerning this matt	er to the following:						
	Jeff	Green						
Name of Contact Person								
	Metro Medi	cal Plaza Inc.						
Firm/Company								
	13691 Metro Parkv	vay South, Suite 300						
	Ad	dress	<del></del>					
**************************************	Ft. Myers	, FL 33912 and Zip Code						
	·	•						
E-mail add	rxdoc3333 lress: (to be used for	@aol.com future annual report no	tification)					
For further information concern	ning this matter, please	cali:						
Jeff Gre		at ( 239 )	878-8314					
Name of Contac	et Person	Area Code & Day	878-8314 time Telephone Number					
Enclosed is a \$35.00 check man	de payable to the Depar	rtment of State.						
Mailin	g Address; dment Section	Street Addres Amendment	<u>s:</u>					
	ament Section on of Corporations	Amendment !  Division of (						

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

statement of cha	nge is submitted for a co	orporation organize	607.1508, or 617.1508, Florida Sta d under the laws of the State of Flo d agent, or both, in the State of Flo	orida	<del></del>	
1. The name of	the corporation: Metro	Medical Plaz	a Inc.			
2. The principal	office address: 13691	Metro Parkway	South., Suite 300			
Ft. Myers,	FL 33912					
3. The mailing a	address (if different): <b>Sa</b>	me				
4. Date of incor	poration/qualification:	03/21/1989	Document number:	K74482		
	d street address of the curtment of State: (If resign		at and registered office on file with	the		
	Joseph J Holmes	Jr				
	13691 Metro Park	way South, Suite	e 300			
	Ft. Myers, FL 339	12	· · · · · · · · · · · · · · · · · · ·	Σkg	<u>=</u>	
6. The name and (if changed):	d street address of the ne	w registered agent (i	f changed) and /or registered office	LAWASS	DEC -9	FILED
	Jeff Green			Y see	10	<u>(1)</u>
	13691 Metro Park	way South, Suite	e 300	T _S	:2	
		P.O. Box NOT acc	ceptable		2	
	Ft. Myers, FL 339	12		e e e e e e e e e e e e e e e e e e e		
The street address changed will	ess of its registered office be identical.	ce and the street add	dress of the business office of its r	registered a	gent,	
Such change was authorized by	as authorized by resolut he board, or the corpora	ion duly adopted by tion has been notifi	its board of directors or by an of ed in writing of the change.	fficer so		
Josephiu	re of an officer or director	<del> </del>	Joseph J Holmes Jr, Printed or typed name and title	Pres.		
l further gerée i of my dufies, an document is bei	the appointment as reg to comply with the prov d I am familiar with an ing filed merely to reflec s been notified in writin	isions of all statutes d accept the obliga ct a change in the re	gree to act in this capacity. S relative to the proper and compl tion of my position as registered o egistered office address, I hereby	lete perforn agent. Or confirm the	nance if this at the	
July	/h		12/01/2010			
(1,4)	nature of Registered Agent		Date			
If signing on be	half of an entity:					
Jett (	reen					
1)	yped or Printed Name					

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