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JUSTUESday, April 22, 2003

Division of Corporations Amendments Section 409 E. Gaines Street Tallahassee, FL 32399

Re: Medical Park Enterprises, LLC

Dear Sir or Madam:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or both for Limited Liability Company. We have also enclosed our client's check payable to Secretary of State in the sum of \$25.00.

If you have any questions, please do not hesitate to contact us. Thank you for your kind assistance in this matter.

Cordially,

COHN,)COHN & HENDRIX, P.A.

Sheree A. Vinson Paralegal

/sav Encl.

cc: VNC

Tyler D. Reiber Kerry Borosh

REPLY TO: POST OFFICE BOX 3424 • TAMPA, FLORIDA 33601-3424

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company 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 limited liability company is: MEDICAL PARK ENTERPRISES, LLC.
2. The mailing address of the limited liability company is: 132 WHITAKER RD #A, LUTZ, FL.
12/4/00 L00000014938
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
VANESSA N. COHN, ESQ.
Name 705 W. AZEELE ST.
TAMPA, FL 33606
City, State and Zip
6. The name and address of the new registered agent and/or office:
VANESSA N. COHN. ESO.
Name
1110 N. FLORIDA AVENUE
Florida street address (P.O. Box NOT acceptable)
TAMPA FL 33602
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
161 Willed
(Signature of a member of authorized representative of a member)
TYLER D. REIBER
(Printed or typed name of signee)
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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, thereby confirm that the limited liability company has been notified in writing of this change. Streams of Registered Agent)

COHN Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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