

L 02 0000 26 929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

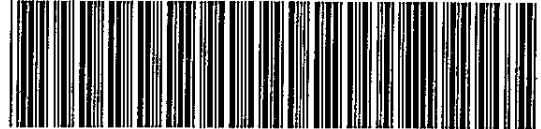
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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525 POPE AVE., N.W., P.O. Box 9087, WINTER HAVEN, FLORIDA 33883-9087

TEL: 863-299-5638 • FAX: 863-299-8944 • www.bprcpa.com

October 6, 2004

Dr. John D. Shelgren
Urology Associates of Central Florida, P. L.
2509 Partridge Drive
Winter Haven, Florida 33884

Dear Dr. Shelgren:

Per your request, we have completed the "Statement of Change of Registered Office or Registered Agent" which needs to be filed with the Florida Division of Corporations.

Please sign this form where indicated and mail along with a check in the amount of \$25.00 as soon as possible to:

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

We have enclosed a copy for your records.

If you have any questions, please do not hesitate to contact us.

Very truly yours,

BECKERT, PRICE & ROWSE, P. A.

A handwritten signature in black ink, reading 'Steven E. Crisman'. The signature is written in a cursive style with a large, stylized 'S' and 'C'.

Steven E. Crisman
Certified Public Accountant

SEC:smc

Enclosures

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: UROLOGY ASSOCIATES OF CENTRAL FLORIDA, P.L.

2. The mailing address of the limited liability company is : _____

2509 PARTRIDGE DRIVE: WINTER HAVEN, FLORIDA 33884

10/11/2002

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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:

ROBERT J. STAMBAUGH

Name

99 6TH ST. S. W.

Address

WINTER HAVEN, FL 33880

City, State and Zip

6. The name and address of the new registered agent and/or office:

JOHN D. SHELGREN, M.D.

Name

427 E. CENTRAL AVE.

Florida street address (P.O. Box **NOT** acceptable)

WINTER HAVEN FL 33880

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.


(Signature of a member or authorized representative of a member)

JOHN D. SHELGREN

(Printed or typed name of signer)

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, I hereby confirm that the limited liability company has been notified in writing of this change.


(Signature of Registered Agent)

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

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