

L11160

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAR 13 PM 3:48

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

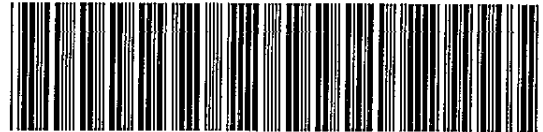
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600013730046

03/13/03--01030--019 **25.00

RA Chg.

V SHEPARD MAR 21 2003

LAW OFFICES
DAVID MICHAEL CARR
PROFESSIONAL ASSOCIATION

DAVID M. CARR
ADMITTED IN:
FLORIDA
IOWA
TENNESSEE
GAIL E. PIPES
LEGAL ASSISTANT

600 EAST MADISON STREET
TAMPA, FLORIDA 33602-4039
TELEPHONE (813) 223-5335
TELECOPIER (813) 229-6846

March 10, 2003

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Habana Medical Center, Inc.

Dear Sir:

Enclosed please find the original and one copy of the notice of intent to change registered agent for the above-referenced concern, together with a check in the amount of \$35 in payment of your filing fees.

Please return to me a stamped copy of the notice as soon as possible.

Sincerely,



DAVID M. CARR

gep

Enc.

STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 MAR 13 PM 3:48

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 for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is Habana Medical Center, Inc.
2. The mailing address of the corporation is: 4700 North Habana Avenue, Suite 504, Tampa, Florida 33614.
3. Date of incorporation/qualification: August 24, 1989
Document number L11160
4. The name and address of the current registered agent and office: Laurence E. Kinsolving, Carlton, Fields, Wards, Emmanuel, One Harbour Place, Tampa, Florida 33602.
5. The name and address of the new registered agent and office: David M. Carr, Esquire, 600 Madison Street, Tampa, Florida 33602.

The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.

Such change was authorized by resolution duly adopted by its Board of Directors or by an officer so authorized by the Board.

HABANA MEDICAL CENTER, INC.

Signature

GARY C. WOOD, PRESIDENT

Date

3/3/03

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.

Signature

DAVID M. CARR, ESQUIRE

Date

3/3/03