

L14520

Florida Department of State
Division of Corporations
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Account Name : C T CORPORATION SYSTEM
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REGISTERED AGENT CHANGE

ASSOCIATES IN DERMATOLOGY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Handwritten notes and signatures at the bottom right corner.

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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: ASSOCIATES IN DERMATOLOGY, INC.
2. The principal office address: 725 E OAK ST KISSIMMEE FL 34744
3. The mailing address (if different): PO BOX 692049 ORLANDO FL 32869 US
4. Date of incorporation/qualification: 9/6/1989 Document number: L14520
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

A.G.C. CO
200 S ORANGE AVE, STE 2300
ORLANDO FL 32802 US

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
(Plantation, Florida 33324)

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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, or the corporation has been notified in writing of the change.

(Signature of an officer or director)

William Steele President
(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: Madonna Cuddihy
(Signature of Registered Agent)

6.25.2009
(Date)

If signing on behalf of an entity:
Madonna Cuddihy
Special Assistant Secretary
(Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)