

# L34710

## ATTORNEYS' TITLE

Requestor's Name

660 E. Jefferson St.

Address

Tallahassee, FL 32301

850-222-2785

City/St/Zip

Phone #

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- MANDARIAN INTERNAL MEDICINE, P.A.

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

### NEW FILINGS

|                          |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | Non-Profit        |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

### AMENDMENTS

|                                     |                                       |
|-------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> | Amendment                             |
| <input type="checkbox"/>            | Resignation of R.A., Officer/Director |
| <input type="checkbox"/>            | Change of Registered Agent            |
| <input type="checkbox"/>            | Dissolution/Withdrawal                |
| <input type="checkbox"/>            | Merger                                |

100003056721--7

-09/30/99--01055--024

\*\*\*\*\*78.75 \*\*\*\*\*43.75

### OTHER FILINGS

|                          |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

### REGISTRATION/QUALIFICATION

|                          |                     |
|--------------------------|---------------------|
| <input type="checkbox"/> | Foreign             |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement       |
| <input type="checkbox"/> | Trademark           |
| <input type="checkbox"/> | Other               |

*RTA Change  
11-30-99  
MS*

Examiner's Initials

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

99 NOV 30 PM 2:38

FILED

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

99 SEP 30 PM 12:27

RECEIVED

# 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, the undersigned corporation organized under the laws of the State of FLORIDA 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 corporation is: MANDARIN INTERNAL MEDICINE, P.A.
2. The mailing address of the corporation is: 3633 Crown Point Ct., Jacksonville, FL 32257-5967
3. Date of incorporation/qualification: Dec 1, 1989 Document number: \_\_\_\_\_
4. The name and address of the current registered agent and office:

Joel R. Lavender

2300 E. Las Olas Boulevard, Ste 400

Fort Lauderdale, FL 33301

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

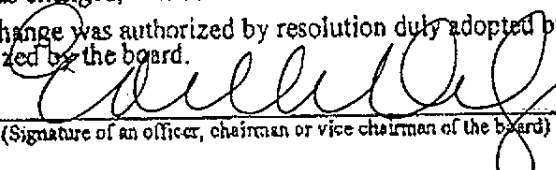
Jack C. Nolan, CPA

5000 San Jose Blvd., Ste 102

Jacksonville, FL 32207

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.

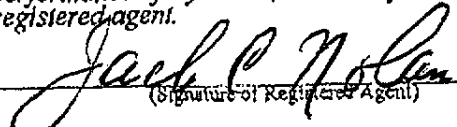
  
(Signature of an officer, chairman or vice chairman of the board)

10/20/99  
(Date)

Edith Otraga, M.D., President

(Printed or typed name and title)

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 of Registered Agent)

10/11/99  
(Date)

If signing on behalf of an entity:

Jack C. Nolan, CPA

(Typed or Printed Name)

(Capacity)

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

99 NOV 30 PM 2:38  
FILED  
TALLAHASSEE, FLORIDA