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-

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99 NOV 30 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[X] Walk-in	[ ] Pick-up time ASAP	[XX] Certified Copy	
[ ] Mail-out	[ ] Will wait	[ ] Photocopy	[ ] Certificate of Status

NEW FILINGS	
[ ]	Profit
[ ]	Non-Profit
[ ]	Limited Liability
[ ]	Domestication
[ ]	Other

AMENDMENTS	
[XX]	Amendment
[ ]	Resignation of R.A., Officer/Director
[ ]	Change of Registered Agent
[ ]	Dissolution/Withdrawal
[ ]	Merger

100003056721--7
-09/30/99--01055--024
*****78.75 *****43.75

OTHER FILINGS	
[ ]	Annual Report
[ ]	Fictitious Name
[ ]	Name Reservation

REGISTRATION/QUALIFICATION	
[ ]	Foreign
[ ]	Limited Partnership
[ ]	Reinstatement
[ ]	Trademark
[ ]	Other

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RA Change
11-30-99
BBS

Examiner's Initials	

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

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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.

(Signature of an officer, chairman or vice chairman of the board) 10/20/99 (Date)

Edith Otrega, 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 * * *