L41648

Florida Department of State
Division of Corporations
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Account Name : GRAYROBINSON, P.A. - ORLANDO
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# REGISTERED AGENT CHANGE

**G.P. HESS, M.D., P.A.**

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**FOR CORPORATIONS**

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*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: G.P. HESS, M.D., P.A.
2. The principal office address: % RICHARD M. ROBINSON, 301 E. PINE ST., SUITE 1400, ORLANDO, FL 32801
3. The mailing address (if different): % RICHARD M. ROBINSON, P.O. BOX 3068, ORLANDO, FL 32802
4. Date of incorporation/qualification: 01/05/1990 Document number: L41668
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

   RICHARD M. ROBINSON

   301 E. PINE ST., SUITE 1400

   ORLANDO, FL 32801

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

   MARTIN M. PRAGUE, CPA

   545 N. PARK AVE.

   (P.O. Box NOT acceptable)

   WINTER PARK, FL 32789

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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)

Gregory P. Hess, M.D., 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.*

(Signature of Registered Agent)

4/1/08
(Date)

If signing on behalf of an entity:

(Typed or 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

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