

NO00000002903



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00 MAY 25 PM 12:05
TALLAHASSEE, FLORIDA

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5), (if known):

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(#)

251 East Olympia Avenue #A, Punta Gorda, FL 33950

3231463253

3. _____ (Corporation Name) _____ (Document #)

4. _____ (Corporation Name) _____ (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

*ROA Change
6-7-00
BWS*

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

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: Charlotte County Medical Management Association, Inc.

2. The mailing address of the corporation is: 251 E. Olympia Ave # A
Punta Gorda FL 33950

3. Date of incorporation/qualification: 4-28-00 Document number: N-2903

4. The name and address of the current registered agent and office:

Dwight H Mensinger
4725 - 50th St. West Ste 1404
Bradenton FLA 34210

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

M. HARTST
251 E. Olympia Ave, Unit A
Punta Gorda, FL 33950.3849

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.

Joan M. Eberhart
(Signature of an officer, chairman or vice chairman of the board)

5-11-2000
(Date)

Joan M. Eberhart
(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.

M. Hartst
(Signature of Registered Agent)

5-11-2000
(Date)

If signing on behalf of an entity:

M. HARTST
(Typed or Printed Name)

Treasurer
(Capacity)

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

OFFICE OF THE
CLERK OF THE
STATE
TALLAHASSEE, FLORIDA

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