

N03000003027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

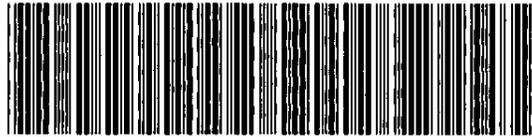
(Business Entity Name)

(Document Number)

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de la Parte & Gilbert, P.A.  
ATTORNEYS AT LAW

Vivian Arenas-Battles  
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Patrick J. McNamara  
Nicolas O. Porter  
Kristin A. Yerkes  
Louis A. de la Parte, Jr.  
*Founder (1929-2008)*

January 26, 2009

Secretary of State  
Florida Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re:    Johnnie B. Byrd, Sr. Alzheimer's Center and Research Institute, Inc. (N03000003027)  
      Statement of Change of Registered Office or Registered Agent or Both for Corporations

Dear Sir or Madam:

Enclosed for filing is a completed Statement of Change of Registered Office or Registered Agent or Both for Corporations for Johnnie B. Byrd, Sr. Alzheimer's Center and Research Institute, Inc. (N03000003027) along with de la Parte & Gilbert, P.A.'s Check No. 10131 in the amount of \$35.00 as payment for the filing fee.

Please do not hesitate to call me if you have any questions or require further information.

Sincerely,

de la PARTE & GILBERT, P.A.

*Linda C. Smiley, Paralegal*  
for  
Patrick J. McNamara  
(signed in his absence to avoid delay)

PJM/lcs  
Enclosures  
199279

**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: Johnnie B. Byrd, Sr. Alzheimer's Center and Research Institute, Inc.
- 2. The principal office address: 4001 East Fletcher Avenue  
Tampa, FL 33613
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: April 7, 2003 Document number: N03000003027
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Lilly Ho-Pehling  
4001 East Fletcher Avenue  
Tampa, FL 33613

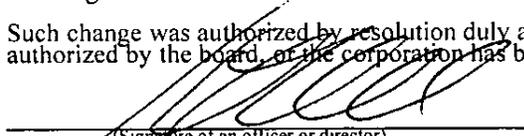
- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Zoe Gustafson  
4001 East Fletcher Avenue  
 (P.O. Box NOT acceptable)  
Tampa, FL 33613

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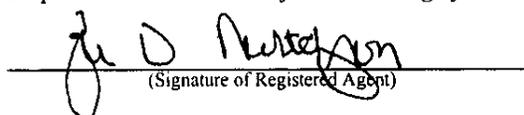
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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)

Stephen Klasko, M.D., Pres./CEO  
 \_\_\_\_\_  
 (Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity, 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)

01. 07. 09  
 \_\_\_\_\_  
 (Date)

If signing on behalf of an entity:

Zoe Gustafson, CFO  
 \_\_\_\_\_  
 (Typed or Printed Name)

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