

N06000000159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Chong
C.COULLIETTE

JUL 22 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Adult Cystic Fibrosis Center of Jacksonville
Name of Corporation

DOCUMENT NUMBER: NO6000000159

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Honni Wetmore, R.N., MS
Name of Contact Person

The Adult Cystic Fibrosis Center of Jacksonville
Firm/Company

LaVilla Medical Bldg, Suite 202, 425 N. Lee Street
Address

Jacksonville, Florida 32204
City/State and Zip Code

rwetmore@pacweb.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Honni Wetmore at (904) 366-3738 x208
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: The Adult Cystic Fibrosis Center of Jacksonville
2. The principal office address: LaVilla Medical Building Suite 202, 425 N Lee Street, Jacksonville, Florida 32204
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/05/06 Document number: N06000000159

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)

Fisher, Tousey, Leas & Ball
501 Riverside Avenue, Suite 600
Jacksonville, Florida 32202

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

Honni AW Wetmore RN, MS
LaVilla Medical Bldg Suite 202, 425 N Lee Street
Jacksonville, Florida 32204

P.O. Box NOT acceptable

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]
Signature of an officer or director

Mitchell S. Rothstein, M.D.
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]
Signature of Registered Agent

07-19-2010
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

CR2E045 (8/05)