

N14192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

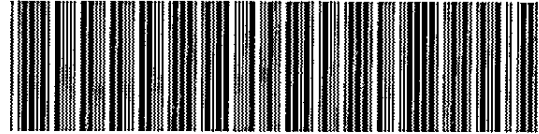
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE PORT CHARLOTTE MEDICAL PAVILION OWNERS' ASSOCIATION, INC.
(Name of Corporation)

DOCUMENT NUMBER: N14192

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:

JOE BUTLER JR M.D.
(Name of Contact Person)

PORT CHARLOTTE MEDICAL PAVILION OWNERS' ASSOCIATION
(Firm/Company)

2525 HARBOR BLVD #309
(Address)

PORT CHARLOTTE, FL 33952
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID NOVAK at (941) 629-5757
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2006

JOE BUTLER JR., M.D.
PORT CHARLOTTE MEDICAL PAVILION
2525 HARBOR BLVD. #309
PORT CHARLOTTE, FL 33952

SUBJECT: THE PORT CHARLOTTE MEDICAL PAVILION OWNERS'
ASSOCIATION, INC.
Ref. Number: N14192

We have received your document for THE PORT CHARLOTTE MEDICAL PAVILION OWNERS' ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 006A00050412

**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 PORT CHARLOTTE MEDICAL PAVILION OWNERS' ASSOCIATION, INC
2. The principal office address: 2525 HARBOR BLVD #104
PORT CHARLOTTE, FL 33952
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/4/86 Document number: N1492
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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

JOE BUTLER JR. MD.
2525 HARBOR BLVD #309
(P.O. Box NOT acceptable)
PORT CHARLOTTE, FL 33952

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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.

David Ballentyne MD DAVID BAULESTAL MD SEC-TREAS
(Signature of an officer or director) (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] 8-21-06
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

JOE BUTLER JR. M.D.
(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)