## Address

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P.O. BOX 1669

P.O. BOX 1669
CLEARWATER, FLORIDA 33757

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□ Walk in □ Pick up time   □ Mail out □ Will wait	☐ Certified Copy ☐ Photocopy ☐ Certificate of Status	. a. ·
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	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	hg 10-1
	Examiner's Initials	

CR2E031(7/97)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

the State of Florida.	ment in oraer to ch	hange its registered	office or registered	d agent, or both, in	ı
1. The name of the corporat	tion: Morte	on Plant Mease	Primary Care,	Inc.	
	<u>.</u>		<u>, (</u>	í.	<del></del>
2. The mailing address of the	e corporation:	2240 Belleai	r Road, 225, C	learwater, FL	33764
3. Date of incorporation/qu	alification: 1	.0/28/1992 Do	ocument number	N92000000038	
4. The name and address of	the current register	ed agent and office		2.920000000	<u> </u>
	Emil C. Jr.	<b>3</b>			
400 Clevel	and Street, Su	ite 800			-
Clearwater	FL 34615	<u>-</u>	•		
5. The name and address of	the new registered a (P. O. Bo	agent (if changed) a x Not Acceptable)	nd/or registered off	ice (if changed):	,
Emil C. Ma	arquardt, Jr.			I SEI	* 1 1
625 Court	Street, 2nd F	loor		17.7 17.3	A CONTRACTOR OF THE PARTY OF TH
	r, FL 33756				
The street address of its regi agent, as changed will be id	stered office and the	ne street address of	the business office	of its registered	
Such change was authorized authorized by the board.	by resolution duly	adopted by its boa	rd of directors or b	y an officerso	
< VX Dan			9/18	•	
(Signature of an officer, chair	/ /	f the board)	(Date)		. <del>i.</del>
PHILIP K. BEAUCHAMP,	typed name and title)			<i>¥</i> 7.	· · · · -
Having been named as regist corporation, I hereby accept I further agree to comply with performance of my duties, and registered agent.	tared accept and to	accept service of pi s registered agent of all statutes relative th and accept the o	rocess for the abov and agree to act in e to the proper and bligation of my pos	e stated this capacity. complete ition as	
registered agent.		$\sim$	0 10.	-191	
	In when the		4-10	<b>U</b> , <b>D</b>	
(Signature of Regist If signing on behalf of an entity: EMIL C. MARQUARDT,	7	and Annut	(Date)		- r

CR2E045[9 00)