

Division of Corporations Page 1 of 1

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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA0000p0023  
Phone : (850) 222-1092  
Fax Number : (850) 878-2568

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# REGISTERED AGENT CHANGE

**ACA OF CENTRAL FLORIDA, INC.**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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**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: ACA OF CENTRAL FLORIDA, INC.
2. The principal office address: \_\_\_\_\_  
2759 MARSH WREN CIRCLE LONGWOOD FL 32779
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 3/10/1993 Document number: N93000000667
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

A.G.C. CO

200 S ORANGE AVE, STE 2300

ORLANDO FL 32801 US

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

(P.O. Box NOT acceptable)

Plantation, Florida 33324

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.

Jasbir P Mehta  
(Signature of an officer or director)

JASBIR P MEHTA  
(Printed or typed name and title) **EXEC DIRECTOR**

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.

By: Madonna Cuddihy  
(Signature of Registered Agent)

10-15-09  
(Date)

If signing on behalf of an entity:

Madonna Cuddihy  
Special Assistant Secretary

\*\*\* 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)

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