

P00000050621

(Requestor's Name)

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(Address)

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(Business Entity Name)

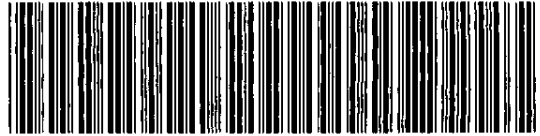
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 11, 2009

DR. DANIEL MCINTOSH & ASSOC.
3840 BELFORT RD., SUITE 105
JACKSONVILLE, FL 32216

SUBJECT: DR. DANIEL R. MCINTOSH & ASSOCIATES O.D., P.A.
Ref. Number: P00000050621

We have received your document for DR. DANIEL R. MCINTOSH & ASSOCIATES O.D., P.A., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

The fee to file your document is \$35.

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) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 009A00004906

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Dr. Daniel R. McIntosh & Associates O.D.P.A.

2. The principal office address: 3840 Belfort Rd #105 Jacksonville FL
32216

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5/23/00 Document number: P00000050621

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)

Resigned

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

Richard Rust

3840 Belfort Rd #104

(P.O. Box NOT acceptable)

Jacksonville, FL 32216

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 of the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer or director)

Dr. Daniel R. McIntosh
(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] CPA
(Signature of Registered Agent)

2/3/09
(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

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