

P 00000073812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

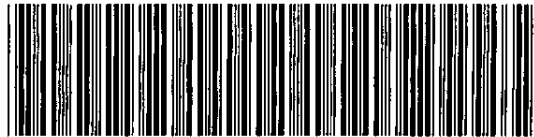
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600136553646

10/09/08--01009--016 \*\*35.00

FILED  
OCT -9 PM 2:53  
SECRETARY OF STATE  
AND ANALYST FI ORIGIN

PA Change  
10/21/08  
DC

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Keys Cardiology, P.A.  
(Name of Corporation)

**DOCUMENT NUMBER:** P00000073812

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:

William Richardson  
(Name of Contact Person)

Keys Cardiology, P.A.  
(Firm/Company)

260 Beth Stacey Bvd Suite B  
(Address)

Lehigh Acres, FL 33936  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Calcagino at ( 239 ) 369-4088  
(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: Keys Cardiology, P.A.
2. The principal office address: 260 Beth Stacey Bvd Suite B  
Lehigh Acres, FL 33936
3. The mailing address (if different): P.O. Box 220 Lehigh Acres, FL 33970
4. Date of incorporation/qualification: 8/3/2000 Document number: P00000073812
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)

William Richardson

1530 Lee Bvd Suite 2350

Lehigh acres, FL 33936

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

260 Beth Stacey Bvd Suite B

(P.O. Box NOT acceptable)

Lehigh Acres, FL 33936

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.

William Richardson  
(Signature of an officer or director)

William Richardson  
(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.

William Richardson  
(Signature of Registered Agent)

10/3/08  
(Date)

If signing on behalf of an entity:

WILLIAM RICHARDSON  
(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

FILED  
OCT -9 PM 2:53  
DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FL 32314