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PHILLIP H. TAYLOR M.D.J.D.,P.A. Attorney at Law Post Office Box 55186 St. Petersburg, Florida 33732	Off	ice Use Only
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if kno	F
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☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Photocopy	Certified Copy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Change of Registered Dissolution/Withdra Merger	d Agent wal
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUA Foreign Limited Partnership Reinstatement Trademark Other	<u>LIFICATION</u>
		Examiner's Initials

CR2E031(7/97)

. 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, the undersigned corporation organized under the laws of the State of FLORIDA
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation: PHILLIP H. TAYLOR, M.D., J.D., P.A
2. The mailing address of the corporation: P.O. BOX 551810 ST. PETERSBURG, F
3. Date of incorporation/qualification: Nov. 2000 Document number: 59-310818100
4. The name and address of the current registered agent and office:
PHILLIP H. TAYLOR, M.D., J.D., P.A. 1461 74th CIRCLE N.E. ST. PETERSBURG, FL 33702 5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)
PHILLIP H. TAYLOR, M.D., J.D., P.A. B. ST. PETERSBURG, FL 33702
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. (Signalure of an officer, chairman or vice chairman of the board) (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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. [2] [1] [0] (Signature of Registered Agent) If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

* * * FILING FEE: \$35.00 * * *