P00000098321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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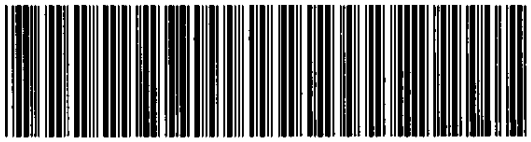

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TALLAHASSEE, FLORIDA
10 SEP 27 PM 3:01

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@ 9.28.10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Family Medical Care of Riverview, P.A.
Name of Corporation

DOCUMENT NUMBER: P00000098321

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:

Eddie G. Louderback, CMM
Name of Contact Person

Family Medical Care of Riverview, PA
Firm/Company

7229 U.S. Highway 301 South
Address

Riverview, Florida 33578
City/State and Zip Code

elouderback@riverviewdocs.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eddie G. Louderback at (813) 677-8418
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

CR2E045 (8/05)

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: Family Medical Care of Riverview, PA

2. The principal office address: 7229 US Highway 301 South
   Riverview, Florida 33578

3. The mailing address (if different): P.O. Box 3391
   Riverview, Florida 33568

4. Date of incorporation/qualification: 10/18/2000 Document number: P00000098321

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)

   RUGG, W.N.

   100 S ASHLEY DR., STE 1500

   TAMPA, FL 33602

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

   Eddie Louderback

   7229 US HWY 301 South
   P.O. Box NOT acceptable

   Riverview, Florida 33578

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TALLAHASSEE, FLORIDA

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.

Signature of an officer or director

Samuel C. Martino, DO
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 of Registered Agent

9/22/2010
Date

If signing on behalf of an entity:

Eddie Louderback
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

CR2E045 (8/05)