

## Florida Department of State

Division of Corporations Public Access System

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WISION OF CORPORATION

## REGISTERED AGENT CHANGE

NEW HORIZONS: WOMEN'S MEDICAL GROUP, P.A.

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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 it 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:	New Horizons: Women's Medical Group, P.A.
2. The principal office address:	3901 University Boulevard South, Suite 215
•	Jacksonville, FL 32216
3. The mailing address (if different):	
4. Date of incorporation/qualification:	May 10, 2001 Document Number: <u>P01000047060</u>
5. The name and street address of the c Florida Department of State:	nurrent registered agent and registered office on file with the
	ephen G. Prom, Esq.
	h Laura Street, Suite 2500
Ja	cksonville, FL 32202
6. The name and street address of the a changed):	new registered agent (if changed) and/or registered office if
Deb	ra K. Willis
	University Roulevard South, Suire 215
Jack	Sonville, Florida 32216
agent, as changed will be identical.	and the street address of the business office of its registered
authorized by the board, or the corporation	<u> </u>
NEW HORIZONS: WOMEN'S MEDICAL GROUP, P.A	,
Chi Inal	Angela S. Marcin, M.D
(Signature of an officer, chairman of vice chairman of the	
the provisions of all statutes relative to the pro and accept the obligation of my position as rep	igent and agree to act in this capacity. I further agree to comply with oper and complete performance of my duties, and I am familiar with asserted agent. Or, if this document is being filed merely to reflect a city confirm that the corporation has been notified in writing of this
	Llebra K. Willia