PAGE: 01

Page 1 of 2

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Division of Corporations

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From:

Account Name

: PURCELL, FLANAGAN & HAY, P.A.

Account Number: 071722000522 Phone

: (904)355-0355

Fax Number

: (904)355-0820

REGISTERED AGENT CHANGE

DMC OF NORTH FLORIDA, INC.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

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10/19/01

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 : DMC of North Florida, Inc.	
2. The mailing address of the corporation: 1548 Lancaster Terrace, Jacksonville, Florida 322	204
3. Date of incorporation/qualification: August 29, 2001 Document number: P01000085916	-
4. The name and address of the current registered agent and office:	
Donald M. Cox	
104 Plantation Circle South	
Ponte Vedra Beach, Florida 32082	â
5. The name and address of the new registered agent (if changed) and/or registered office (if changed) (P. O. Box Not Acceptable)	71.30°
Timothy L. Flanagan	
1548 Lancaster Terrace	2 2
Jacksonville, Florida 32204	ĭΑŢ.
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.	
Daralduren Ort. 7/6/	
(Signature of an officer, chairman or vice chairman of the board)	
Donald M. Cox. President Www.	
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.	
Oundly L Ilango 10/18/01	
(Signature of Registed Agent) (Date) If signing on behalf of an entity:	
Timothy L. Flanagan	
(Typed or Printed Name) (Capacity)	
* * * FILING FEE: \$35.06 * * *	

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314