

PO1000092189

(Requestor's Name)

Riverview Pediatrics & Family Practice
10528 Lake Saint Charles Blvd.
Riverview, FL 33569

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

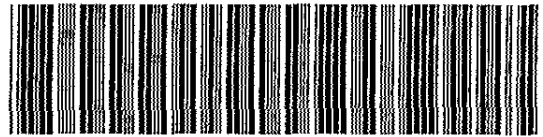
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

AJR
8/18/03

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: Riverview Pediatrics and Family Practice, Inc
2. The mailing address of the corporation: 10528 LAKE SAINT CHARLES BLVD.
RIVERVIEW, FL 33569
3. Date of incorporation/qualification: Sept. 18, 2001 Document number: P01000092189
4. The name and address of the current registered agent and office:

AKBAR QURESHI

326 STERLING DR.

WINTER HAVEN, FL 33884

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

YVONNE CLARKE

13201 PARKHURST CT.

RIVERVIEW, FL 33569

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.

Akbar Qureshi
(Signature of an officer, chairman or vice chairman of the board)

8/10/03
(Date)

Akbar Adil Qureshi
(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.

Yvonne Clarke
(Signature of Registered Agent)

8/10/03
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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