

Apr. 19. 2010 9:25AM
Division of Corporations

Band Law Group

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Division of Corporations
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Email Address: nvasiljeva@bandlawgroup.com

REGISTERED AGENT CHANGE
ADVANCED HEALING ARTS MEDICAL CENTER, 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 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: ADVANCED HEALING ARTS MEDICAL CENTER, P.A.
2. The principal office address: 15 PARADISE PLAZA, # 300
SARASOTA, FL 34239
3. The mailing address (if different): 15 PARADISE PLAZA, # 300
SARASOTA, FL 34239
4. Date of incorporation/qualification: 04/22/2002 Document number: P02000043501
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)

MARK V. WALTER

15 PARADISE PLAZA, # 300

SARASOTA, FL 34239

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

GREGORY S. BAND, ESQ.

ONE SOUTH SCHOOL AVE., SUITE 500

P.O. Box NOT acceptable

SARASOTA, FL 34237

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 of corporation

MARK V. WALTER, DIRECTOR

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

04/15/2010

Date

If signing on behalf of an entity:

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

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