Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H060002604783)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: AKERMAN SENTERFITT - TAMPA

Account Number : 120000000249

Phone

: (813)223-7333

· Fax Number

: (813)223-2837

REGISTERED AGENT CHANGE

SOC, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35,00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H06000260478 3)))

https://efile.sunbiz.org/scripts/efilcovr.exe

RANO chy

STATEMENT OF CHANGE OF REGISTERED OFFIC. 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: SOC, Inc.	
2. The principal office address; 800 Eldorado Avenue, Clearwater, FL 33767	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 6/13/2002 Document number: P02000065788	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
William Kalish	
100 S. Ashley Drive, Suite 1500	
Tampa, FL 33602	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
American Information Services, Inc.	
401 E. Jackson Street, Suite 1700	
(P.O. Box NOT acceptable) Tampa, FL 33602	
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 comporation has been notified in writing of the change.	
Thomas E. Deal, M.D., Director (Printed or typed name and interest an other or director)	
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.	
Tobal Lecture (Signature of Registered Agent) Date (Date)	
If signing on behalf of an entity: Deborah L. Evans	
(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	
(((H06000260478 3)))	