

P020000080300

Medical Admin, Inc  
PO Box 730353  
Ormond Beach, FL 32173-0353

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

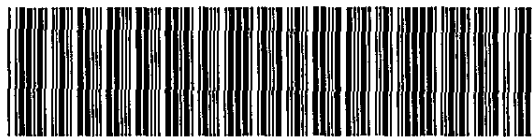
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T BROWN NOV 14 2002

R.A. change

**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: MEDICAL ADMINISTRATORS OF ORMOND BEACH, INC.
2. The principal office address: 115 HIGH STREET, TAVERNIER, FL 33070
3. The mailing address (if different): P.O. BOX 730353, ORMOND BEACH, FL 32173-0353
4. Date of incorporation/qualification: 7/24/02 Document number: P02000080300

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

DARCEY L BENNETT

36 PINHURST CIRCLE

ORMOND BEACH, FL 32174

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

LISA SENTZ GUY

115 HIGH STREET

(P.O. Box or personal mailbox NOT acceptable)

TAVERNIER, FL 33070

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

Lisa Guy - Owner  
(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]  
(Signature of Registered Agent)

9/24/02  
(Date)

If signing on behalf of an entity:

Lisa Guy  
(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314