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From:

ACCOUNT Name : AKERMAN SENTERFITT - TAMPA

Account Number : I20000000249
Phone : (813)223-7333

Fax Number : (813)223-2837

## REGISTERED AGENT CHANGE

TEMPLE TERRACE FAMILY PHYSICIANS, P.A.

 Certificate of Status
 0

 Certified Copy
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 02

 Estimated Charge
 \$35.00

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#50-205-0381

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August 8, 2006

## FLORIDA DEPARTMENT OF STATE

TEMPLE TERRACE FAMILY PHYSICIAMS, Dynam of Corporations 13311 NORTH 56TH STREET

TAMPA, FL 33617

SUBJECT: TEMPLE TERRACE FAMILY PHYSICIANS, P.A. REF: P02000106886

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Our records reflect the current registered agent as JOSEPA W.N. RUGG. Please correct your document to reflect such.

Please provide a document number that reflects that the new registered eqent is registered with this office as an active corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (830) 245-6964.

Mini man offeel Tanpa Bruch

Irene Albritton Document Specialist FAX Aud. #: N06000198018 Letter Number: 606A00049259

P.O BOX 6327 - Tallahassee, Florida 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE FOR CORPORATIO!

•	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this mge is submitted for a corporation organized under the laws of the State of Florida
-	r to change its registered office or registered agent, or both, in the State of Florida
1. The name of	the corporation: Temple Terrace Family Physicians, P.A.
2. The principal	office address: 13311 North 56th Street; Tampa, FL 33617
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 10/03/02 Document number: P02000106886
	i street address of the current registered agent and registered office on file with the timent of State:
	Joseph W. N. Rugg
	100 S. Ashley Dr; Suite 1500
	Tampa, FL 33602
6. The name and (if changed):	American Information Services, Inc. Doc # L27184  401 E. Jackson Street: Suite 1700
	American Information Services, Inc. Doc#L27184
	(1) = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =
	(P.O. Box NOT acceptable)  Tampa, FL 33602
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, the identical.
Such change was	as authorized by resolution duly adopted by its board of directors or by an officer so are board, or the opporation has been notified in writing of the change.
Tion	George R. Davis, D.O., Preside the of the control o
I hereby accept I further agree to of my duties, an document is bet corporation has	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Book	grature of Registered Agent)  (Date)
If signing on be	ball of an entity:
Deborah (1	L. Evans yped or Printed Name)
	* * * FILING FEE; \$35,00 * * *
M. CR2E045 (8/05)	Make checks payable to Florida Department of State all to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
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