

P02000115651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

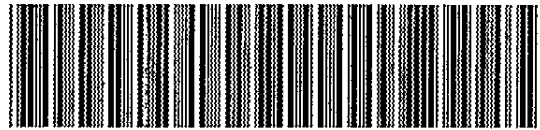
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900036476599

05/17/04--01048--020 \*\*35.00

FILED  
04 MAY 17 PM 12:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5/21

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PHYSICIANS WALK IN CLINIC, INC.  
(Name of corporation)

**DOCUMENT NUMBER:** P02000115651

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas K. Willett  
(Name of person)

PHYSICIANS WALK-IN CLINIC, INC.  
(Name of firm/company)

100 W. Kennedy Blvd., Suite #650  
(Address)

Tampa, FL 33602  
(City/state and zip code)

For further information concerning this matter, please call:

Thomas K. Willett at (813) 229-0600  
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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.

2. The principal office address: 1953 Passero Ave.  
Lutz, FL 33559

3. The mailing address (if different): 100 W. Kennedy Blvd., Suite #650  
Tampa, FL 33602

4. Date of incorporation/qualification: 10/28/2002 Document number: P0200011565

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

Thomas K. Willett

2407 W. Bay To Bay Blvd., Suite 101

Tampa, FL 33629

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

Thomas K. Willett

100 W. Kennedy Blvd., Suite 650  
(P.O. Box or personal mailbox 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 corporation has been notified in writing of the change.

(Signature of an officer or director)

Thomas K. Willett, President  
(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)

05/12/2004  
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314