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.

(((H08000130368 3)))



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)617-6380

From:

Account Name

: BUSH ROSS, P.A.

Account Number : I19990000150

Phone

(813) 224-9255

Fax Number

(813) 223-9620

REGISTERED AGENT CHANGE

MARK LEE CRAFT, M.D., P.A.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

5/15/2008

/ (((H08000130368 3)))

COVER LETTER

SUBJECT: Mark Lee Craft, M.D. P.A. (Name of Corporation) DOCUMENT NUMBER: P03000015112 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: Celeste N. Perrino (Name of Contact Person) Bush Ross, P.A. (Firm/Company) 1801 North Highland Avenue (Address) Tampa, Florida 33602 (City/State and Zip Code) For further information concerning this matter, please call:	Division of Corporations	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filling. Please return all correspondence concerning this matter to the following: Celeste N. Perrino (Name of Contact Person) Bush Ross, P.A. (Firm/Company) 1801 North Highland Avenue (Address) Tampa, Florida 33602 (City/State and Zip Code) For further information concerning this matter, please call:	SUBJECT; Mark Lee Craft, M.D. P.A. (Name of Corporation)	•
Please return all correspondence concerning this matter to the following: Celeste N. Perrino (Name of Contact Person) Bush Ross, P.A. (Firm/Company) 1801 North Highland Avenue (Address) Tampa, Florida 33602 (City/State and Zip Code) For further information concerning this matter, please call:	DOCUMENT NUMBER: P03000015112	
Celeste N. Perrino (Name of Contact Person) Bush Ross, P.A. (Firm/Company) 1801 North Highland Avenue (Address) Tampa, Florida 33602 (City/State and Zip Code) For further information concerning this matter, please call:	The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
(Name of Contact Person) Bush Ross, P.A. (Pirm/Company) 1801 North Highland Avenue (Address) Tampa, Florida 33602 (City/State and Zip Code) For further information concerning this matter, please call:	Please return all correspondence concerning this matter to the following:	
Bush Ross, P.A. (Pirm/Company) 1801 North Highland Avenue (Address) Tampa, Florida 33602 (City/State and Zip Code) For further information concerning this matter, please call:		
(Firm/Company) 1801 North Highland Avenue (Address) Tampa, Florida 33602 (City/State and Zip Code) For further information concerning this matter, please call:	,	
1801 North Highland Avenue (Address) Tampa, Florida 33602 (City/State and Zip Code) For further information concerning this matter, please call:	Bush Ross, P.A.	
(Address) Tampa, Florida 33602 (City/State and Zip Code) For further information concerning this matter, please call:	(Firm/Company)	
Tampa, Florida 33602 (City/State and Zip Code) For further information concerning this matter, please call:		
(City/State and Zip Code) For further information concerning this matter, please call:	(-1	
For further information concerning this matter, please call:		
	(City/State and Zip Code)	
Colorto Dardo	For further information concerning this matter, please call:	
Celeste Permio at (513) 204-0425	Celeste Perrino at (813) 204-6425 (Name of Contact Person) (Area Code & Daytime Telephone N	
(Name of Contact Person) (Area Code & Daytime Telephone Number	(Name of Contact Person) (Area Code & Daytime Telephone N	(umber)
Enclosed is a \$35.00 check made payable to the Department of State.	Enclosed is a \$35.00 check made payable to the Department of State.	
Malling Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Division of Corporations Clifton Building 2661 Executive Center Circle	Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building	ı

2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (8/05) (((H08000130368 3)))

(((H08000130368 3)))

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: Mark Lee Craft, M.D., P.A.	
2. The principal office address: 425 South King Avenue, Brandon, Florida 33511	<u> </u>
3. The mailing address (if different): Same	
4. Date of incorporation/qualification: 1/31/2003 Document number: P03000015112	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	9
Jeremy P. Ross	VISION N
220 South Franklin Street	P P
Tampa, Florida 33602	CORP
Jeremy P. Ross 220 South Franklin Street Tampa, Florida 33602 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Bush Ross Registered Agent Services 11 C	ORATION
Bush Ross Registered Agent Services, LLC	इ
1801 North Highland Avenue (P.O. Box NOT acceptable)	
Tampa, Florida 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.	,
Mark Lee Craft MD Prasident L. (Printed of types trans 100 Unes ident L	Irectan
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) May 14, 2008 (Date)	
If signing on behalf of an entity:	
Celeste Perrino, Vice-President (Typed or Printed Name)	
* * * FILING FEE: \$35.00 * * *	