

## Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

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## REGISTERED AGENT CHANGE

FRANK R. COLLIER, JR. M.D., P.A.

Certificate of Status	0
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Corporate Filing Menu

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7/13/2009

## 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.
I. The name of the corporation; FRANK R. COLLIER, JR. M.D., P.A.
2. The principal office address:  6859 BELFORT OAKS PLACE JACKSONVILLE FL 32216
3. The mailing address (if different):
4. Date of incorporation/qualification: 02/17/2003 Document number: P03000018680
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
A.G.C. CO
200 SOUTH ORANGE AVE. SUN TRUCST CENTER SUITE 2300
ORLANDO FL 32801 US
ORLANDO FL 32801 US  ORLANDO FL 32801 US  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  CT Corporation System  C/O CT Corporation System. 1200 South Pine Island Road
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road  (P.O. Box: NOT acceptable)
Plantation, Florida 33324
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 of diffector)  Frank R. Cilier Tr 1112  (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 ducument is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been nutified in writing of this change.
(Signature of Registered Agent) 7-13-09 (Date)
If signing on behalf of an entity:
Madonna Cuddihy
Special Assistarit Secretary  * * * FILING FEE: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 cr2e045 (8/05)