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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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(101/8/08

Kinsey, Vincent, Pyle, LLC

ATTORNEYS AT LAW

150 South Palmetto Avenue, Box A Daytona Beach, Florida 32114 Telephone (386) 252-1561 Fax Telephone (386) 254-8157

January 2, 2008

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re: Christopher J. Stanley, M.D., P.A.

Gentlemen:

Enclosed are the following items in connection with the above-referenced entity:

- 1. Statement of Change of Registered Office; and
- 2. Check no. 32637 issued to Florida Department of State in the amount of \$35.00 representing the required filing fee.

If you have any questions regarding the enclosed filing, please contact our office.

Very truly yours,

M. Pamela Clifton

Certified Legal Assistant

рc

Enclosures, as stated

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

i. The name of it	ne corporation:	Christopher J.	. Stanley, M.	D., P.A.	
2. The principal office address:1890 LPGA Blvd., Suite 160					
<u> </u>		Daytoná Beach,	, Florida 32	117	
3. The mailing ad	dress (if different):):		 	
4. Date of incorpo	oration/qualificatio	on: 02/26/2003	Document num	nber: _P03000	023760
5. The name and Florida Depart		ne current registered ager	nt and registered o	ffice on file wit	th the
	Matthew D. W	Welch, Esq.			_
	222 Seabreez	ze Blvd	-		
•	Daytona Beac	ch, Florida 3211	.8		- Sivie
6. The name and (if changed):	street address of the	ne new registered agent (i	if changed) and /o	r registered offi	
<u>-</u>	Matthew S. W	Welch, Esq.			N-4 PAIRS
	150 South Pa	almetto Avenue, 3	rd Floor		* K
•	Daytona Boas	(P.O. Box NOT acceptable) ch, Florida 3211			2
-					-
The street addres as changed will b	s of its registered on identical.	office and the street add	dress of the busin	ess office of it	s registered agent,
Such change whs	authorized by res	solution duly adopted by poration has been notifi	y its board of dire led in writing of t	ectors or by an he change.	officer so
authorized by the		r) -	(Printed	or typed name and t	
(Signature	e of an officer or director		iorga to act in this	s capacity.	
(Signature		s registe ^l ed agent and a provisions of all statute in and accept the obliga reflect a change in the re riting of this change.	s relative to the p tion of my positio egistered office a	roper and com in as registered ddress, I hereb	plete performance lagent. Or, if this y confirm that the
(Signature			gree to det if this s relative to the p tion of my position egistered office and December 26,		plete performance I agent. Or, if this by confirm that the

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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