

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

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Account Name : DEAN, MEAD, EGERTON, BLODOWORTH, CAPOUANO & BOZARTH, P.A.
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Phone : (407) 841-1200
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE
EMILY F. ARSENAULT, M.D., P.A.

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

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JUN 28 2018

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

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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: Emily F. Arsenault, M.D., P.A.
2. The principal office address: 8926 77th Terrace East, Suite 101
Bradenton, FL 34202
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/01/03 Document number: P03000036638

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Stephen R. Looney

800 N. Magnolia Avenue, Suite 1500

Orlando, FL 32803

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

Dean Mead Services, LLC

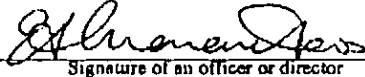
420 S. Orange Avenue, Suite 700

P.O. Box NOT acceptable

Orlando, FL 32801

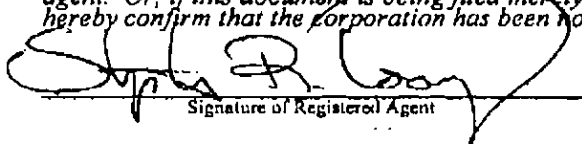
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Emily F. Arsenault, M.D., 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

June 26, 2018
Date

If signing on behalf of an entity:

Stephen R. Looney, Vice President of Sole Member
Typed or Printed Name

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

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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