

P03000040731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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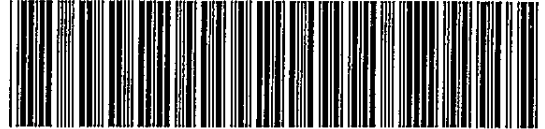
(Business Entity Name)

(Document Number)

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05/05/04--01004--014 **35.00

04 MAY -4 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Change

05/11/04

DC

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April 30, 2004

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

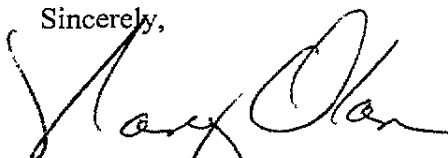
Re: Advanced Clinical Laboratories, Inc.
Document No.: P03000040731

Dear Sir or Madam:

Enclosed please find the original and one copy of a **Statement of Change of Registered Office or Registered Agent or Both for Corporations**, which we would appreciate your filing on behalf of the above corporation, together with our firm **check** in the amount of \$35.00 to cover the filing fee. Please return the copy to me, with your filing stamp, at the above address.

Thank you for your assistance.

Sincerely,



Nancy Olan, Paralegal to
Robert W. Mead, Jr.

/no
Enclosures

cc: John E. Accola, Jr., M.D.
H. Blake Hostetter, C.P.A.

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Advanced Clinical Laboratories, Inc.

(Name of corporation)

DOCUMENT NUMBER: P03000040731

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:

Nancy Olan

(Name of person)

Dean, Mead, Egerton, Bloodworth, Capouano & Bozarth, P.A.

(Name of firm/company)

800 North Magnolia Ave., Ste. 1500

(Address)

Orlando, FL 32803

(City/state and zip code)

For further information concerning this matter, please call:

Nancy Olan

(Name of person)

at (407) 428-5109

(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

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: Advanced Clinical Laboratories, Inc.
2. The principal office address: 595 Oak Commons Boulevard, Suite B, Kissimmee, FL 34741
3. The mailing address (if different): _____
4. Date of incorporation/qualification: May 1, 2003 Document number: P03000040731
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

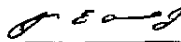
John E. Accola, Jr., M.D.
10539 Emerald Chase Drive
Orlando, FL 32836

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

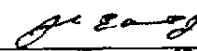
John E. Accola, Jr., M.D.
13109 Zori Lane
(P.O. Box or personal mailbox NOT acceptable)
Windermere, FL 34786

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.

 John E. Accola, Jr., M.D., President
(Signature of an officer or director) (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.

 4/29/04
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

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

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

FILED
04 MAY -4 PM 4:45
TALLAHASSEE, FLORIDA
SECRETARY OF STATE