

P03000058125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

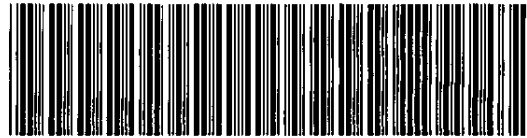
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000210661700

08/22/11--01008--015 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 AUG 22 AM 11:16

RA Chg.

C.COULLIETTE

AUG 23 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Physicians of Central Florida PA
Name of Corporation

DOCUMENT NUMBER: P03000058125

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:

Khai Chang

Name of Contact Person

Physicians of Central Florida PA

Firm/Company

18550 US Hwy 441

Address

Mount Dora, FL 32757

City/State and Zip Code

SandyChang@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Chang

Name of Contact Person

at

(352) 735-3755

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: Physicians of Central Florida PA
2. The principal office address: 18550 US Hwy 441 A
Mount Dora, FL 32757
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 05/27/2003 Document number: P03000058125

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)

LOWRY, ARCHIE O JR.

308 Fifth Ave

Mount Dora, FL 32757

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

Khai Chang MD

18550 US Hwy 441 A

P.O. Box NOT acceptable

Mount Dora, FL 32757

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.

Chang Khai Sheng

Signature of an officer or director

Khai Chang MD

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.

Chang Khai Sheng

Signature of Registered Agent

8-12-2011

Date

If signing on behalf of an entity:

Typed or Printed Name

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

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

CR2ED45 (8/05)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 AUG 22 AM 11:16