

P030000067585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

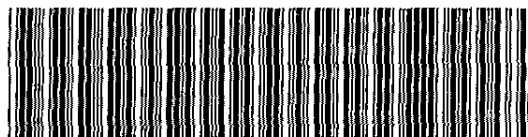
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

11/25/07

Office Use Only

RA/chg
CA 9.6.07



700108911447

08/31/07--01024--030 **148.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 AUG 31 AM 9:41

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HIGH SPRINGS FAMILY PRACTICE CLINIC & DIAGNOSIS CENTER, INC

DOCUMENT NUMBER: P03000067585

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOYCE C THOMPSON

(Name of Contact Person)

COMPUFAST ACCOUNTING & CONSULTING SERVICES, INC

(Firm/ Company)

640 NE SANTA FE BLVD

(Address)

HIGH SPRINGS, FLORIDA 32643

(City/ State and Zip Code)

For further information concerning this matter, please call:

JOYCE C THOMPSON

(Name of Contact Person)

at (386) 454-7399

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

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: HIGH SPRINGS FAMILY PRACTICE CLINIC AND DIAGNOSIS CENTER, INC

2. The principal office address: 105 NE 1ST AVENUE, HIGH SPRINGS, FLORIDA 32643

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/18/2003 Document number: P03000067585

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

JORGE M PRIETO BECERRA

105 NE 1ST AVENUE

HIGH SPRINGS, FLORIDA 32643

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

WAYNE A RAHMING, M.D.

105 NE 1ST AVENUE

(P.O. Box NOT acceptable)

HIGH SPRINGS, FLORIDA 32643

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 AUG 31 AM 9:41

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.

Wayne Rahming, M.D.
(Signature of an officer or director)

WAYNE A RAHMING, 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.

Wayne Rahming, M.D.
(Signature of Registered Agent)

08/24/2007
(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

CR2E045 (8/05)