

P03000084458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

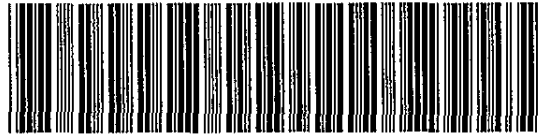
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300043441463

*OS*

12/20/04--01043--004 \*\*35.00

FILED  
04 DEC 20 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*RA address Chg.*

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Coast to Coast Medical Consulting, Inc  
(Name of corporation)

**DOCUMENT NUMBER:** P03000084458

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:

L. Allan Schaefer  
(Name of person)

Coast to Coast Medical Consulting, Inc.  
(Name of firm/company)

P.O. Box 1076  
(Address)

Mount Dora, FL 32756  
(City/state and zip code)

For further information concerning this matter, please call:

L. Allan Schaefer at (352) 455-8523  
(Name of person) (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: Coast to Coast Medical Consulting, Inc.
2. The principal office address: 1009 Bristol Lake Rd., #204  
Mount Dora, FL 32757
3. The mailing address (if different): Coast to Coast Medical Consulting, Inc.  
P.O. Box 1076, Mount Dora, FL 32756
4. Date of incorporation/qualification: 8/1/2003 Document number: PO3000084458
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Deborah N. Schaefer  
1009 Bristol Lakes Rd., #204  
Mount Dora, FL 32757

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

Deborah N. Schaefer  
3810 Vine Lane  
(P.O. Box or personal mailbox NOT acceptable)  
Mount Dora, FL 32757

FILED  
04 DEC 20 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

J. Allan Schaefer  
(Signature of an officer or director)

J. Allan Schaefer - Vice-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.

Deborah N. Schaefer  
(Signature of Registered Agent)

6/16/04  
(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