

P03000108160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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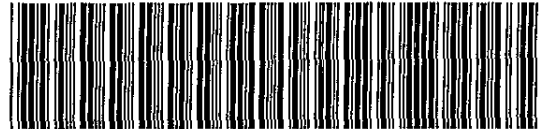
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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BA. change

EDDY & ROTHBURD, P.A.

ATTORNEYS AT LAW

808 W. DE LEON STREET
TAMPA, FLORIDA 33606

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September 7, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

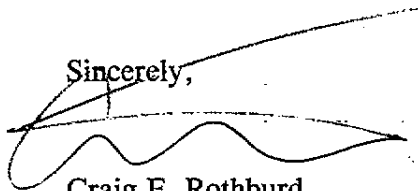
**Re: The Lincoln Medical Center for Personal Injury Care, Inc.
Our File No.: 5165**

To Whom It May Concern:

Enclosed please find our firm's check in the amount of \$35.00 to file the enclosed Statement of Change of Registered Agent or Registered Agent or Both for Corporations form.

If you have any questions concerning the enclosed form, please do not hesitate to contact me at our office.

Sincerely,



Craig E. Rothburd

CER/bc
Enclosure(s)

cc: client

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.

- The Lincoln Medical Center for Personal
1. The name of the corporation: Injury Care, Inc.
2. The principal office address: 1931 W. MLK Jr. Blvd.
Tampa, FL 33607
3. The mailing address (if different): Post Office 20234
Tampa, FL 33623
4. Date of incorporation/qualification: 10/01/2003 Document number: P03000108160
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Jeffrey J. Zwirn
4021 N. Armenia Ave., #200
Tampa, FL 33607

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

Craig E. Rothburd, Esquire

808 W. DeLeon St.

(P.O. Box NOT acceptable)

Tampa, FL 33606

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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)

FRANK MAZZARELLI D.C. OWNER
(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)

Sept. 3, 2004
(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