

P04000024717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

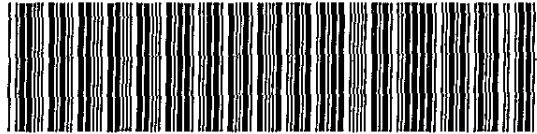
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DAVID IKUDAYISI M.D., P.A.
(Name of corporation)

DOCUMENT NUMBER: PO4000024717

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:

DAVID ODOTAYO IKUDAYISI
(Name of contact person)

GLORY MEDICAL CENTER & WEIGHT LOSS CLINIC
(Firm/Company)

3651 B West Waters Avenue
(Address)

TAMPA, FL 33614
(City/state and zip code)

For further information concerning this matter, please call:

DAVID O. IKUDAYISI at (813) 932-9798
(Name of contact 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

October 2, 2004
September 11, 2004
D.I.

David O. Ikudayisi, M.D.
8649 N. Himes Avenue, Apt # 407
Tampa, FL 33614

Document #: P04000024717.

TO WHOM IT MAY CONCERN/CHANGE OF ADDRESS

Dear Sir/Madam,

This is to inform you that my home address has changed

FROM:

David O. Ikudayisi
14909 Via Del Mar, Apt 207
Tampa, FL 33647

TO:

David O. Ikudayisi
8649 N. Himes Avenue, Apt # 407
Tampa, FL 33614
TEL: 813 - 9330974

Thanks for your cooperation. For further information, you may reach me at 813 - 4952234.

Sincerely,



David O. Ikudayisi, M.D.
DAVID IKUDAYISI M.D., P.A.
PRESIDENT.

**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: DAVID IKUDAYISI M.D., P.A.
2. The principal office address: 3651 B WEST WATERS AVENUE,
TAMPA, FL 33614
3. The mailing address (if different): P.O. BOX 272450
TAMPA, FL 33688
4. Date of incorporation/qualification: 02/04/2004 Document number: P04000024717
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

DAVID IKUDAYISI
19409 VIA DEL MAR, #207
TAMPA, FL 33614

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

DAVID OMOTAYO IKUDAYISI
3651 B WEST WATERS AVENUE,
(P.O. Box NOT acceptable)
TAMPA, FL 33614


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)

DAVID O. IKUDAYISI - PRES.
(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)

10/2/2004
(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

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SECRETARY OF STATE
TALLAHASSEE, FL 32314