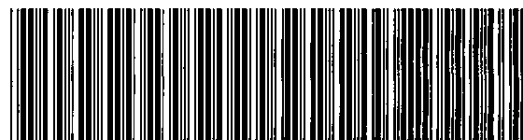


PD40000024717



900187287009

(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

11/02/10--01006--020 \*\*35.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 NOV 12 PM 1:23

FA/RD/chg  
@ 11/12/10

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DAVID IKUDAYISI M.D., P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P04000024717

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 IKUDAYISI, M.D.  
Name of Contact Person

Firm/Company

20122 SHADY HILL LANE  
Address

TAMPA, FL 33647  
City/State and Zip Code

DAYISI@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary Walker, Esquire at ( 813 ) 223-5351  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 3, 2010

DAVID IKUDAYISI, M.D.  
20122 SHADY HILL LANE  
TAMPA, FL 33647

SUBJECT: DAVID IKUDAYISI M.D., P.A.  
Ref. Number: P04000024717

We have received your document for DAVID IKUDAYISI M.D., P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Photo copies of signatures are not acceptable for the new registered agent designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 410A00025878

RECEIVED  
10 NOV 12 AM 10:18  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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: 3651B 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: (If resigned, enter resigned)

DAVID IKUDAYISI

20122 SHADY HILL LANE

TAMPA, FL 33647

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

Gary Walker, Esquire

202 S. Rome Avenue, Suite 100

P.O. Box NOT acceptable

Tampa, FL 33606

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
10 NOV 12 PM 1:23

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, 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.*

  
Signature of Registered Agent

November 9, 2010

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)