

P04000138303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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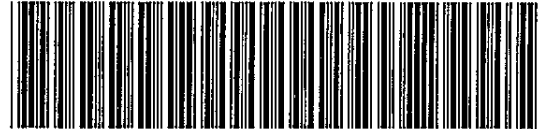
(Business Entity Name)

(Document Number)

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05 MAY 23 PM 12:29

CLERK OF STATE
TALLAHASSEE, FLORIDA

R.A. Chang

T BROWN MAY 23 2005



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 8, 2005

MICHAEL M. HOLLOWAY
INSTITUTE OF BARIATRIC MEDICINE, P.A.
2139-B NE 2ND STREET
OCALA, FL 34470

SUBJECT: INSTITUTE OF BARIATRIC MEDICINE, P.A.
Ref. Number: P04000138303

We have received your document for INSTITUTE OF BARIATRIC MEDICINE, P.A. and your check(s) totaling \$32.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

There is a balance due of \$2.50.

The correct document number for the corporation is P04000138303.

The document must have original signatures.

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) 245-6869.

Teresa Brown
Document Specialist

Letter Number: 805A00024125

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Institute of Biometric Medicine PA
(Name of corporation)

DOCUMENT NUMBER: 60400138 ~~340~~ 303

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:

Michael D. Holloway
(Name of contact person)

~~225~~ 7BM
(Firm/Company)

2139 NE 200 ST SUITE B1
(Address)

Orlando FL 32837
(City/state and zip code)

For further information concerning this matter, please call:

Marsha Holloway at (352) 368-2148
(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

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: INSTITUTE OF BIOGENIC MEDICINE, PA.
2. The principal office address: 2139 NE 2ND ST SUITE B1
OCOLA FL 34470
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10-5-2004 Document number: P04000138303
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Michael M. Malarkey
4421 NW 2ND ST SUITE 223
OCOLA FL 34482

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

Terry Lewicki
807 B SW 3RD AVE
OCOLA FL 34474
(P.O. Box NOT acceptable)

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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.

X Michael M. Malarkey
(Signature of an officer or director)

Michael M. Malarkey
(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.

X Terry Lewicki
(Signature of Registered Agent)

5/10/05
(Date)

If signing on behalf of an entity:

X Terry Lewicki
(Typed or Printed Name)

M. Malarkey

*** FILING FEE: \$35.00 ***