

PO5000038963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

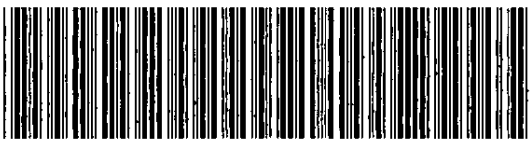
(Business Entity Name)

(Document Number)

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08 JUN 16 PM 12:07
SECRETARY OF STATE
FALLAHASSEE, FLORIDA

T Roberts JUN 16 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HILLCREST MEDICAL CENTER
(Name of Corporation)

DOCUMENT NUMBER: P05000038963

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:

K. AYESU, MD
(Name of Contact Person)

KWABENA AYESU MD PA DBA HILLCREST MEDICAL CTR
(Firm/Company)

86 SPRING VISTA DR SUITE 100
(Address)

DEBARY FL 32713
(City/State and Zip Code)

For further information concerning this matter, please call:

K. AYESU, MD at (386) 774-6111
(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

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: Kwabena Ayesu, M.D., P.A.
2. The principal office address: 86 SPRING VISTA DR SUITE 100
DEBARY FL 32713
3. The mailing address (if different): 1061 MEDICAL CTR DR # 310
ORANGE CITY FL 32746
4. Date of incorporation/qualification: 3/15/05 Document number: PO5000038963
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:


Ayesu, Kwabena MD
1061 Medical Center Drive Ste 310
Orange City, FL 32763

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

Ayesu, Kwabena MD
86 SPRING VISTA DR SUITE 100
DEBARY FL 32713
(P.O. Box NOT acceptable)

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 authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

KWABENA AYESU MD
(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)

06/07/08
(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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TALLAHASSEE, FLORIDA