

P05000076895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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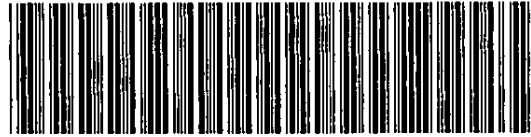
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

RA Charge

JUN 15 2012

T. LEWIS

**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: Doctor's Pain Management Group of Wesley Chapel, Inc.
2. The principal office address: 29442 STATE RD 54
WESLEY CHAPEL FL 33543
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/25/2005 Document number: P05000076895

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)

FLEMING, LINDA L ESQ

4221 W. BOY SCOUT BLVD., SUITE 1000

TAMPA FL 33607 US

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

CFRA, LLC

100 S. ASHLEY DRIVE, STE 400

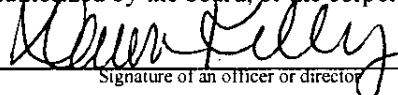
P.O. Box NOT acceptable

TAMPA, FL 33602

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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

Dawn Kelly, President/CEO
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

6/6/12
Date

If signing on behalf of an entity:

Joyce F. Bentubo
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