## P05000104360

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT ' MAIL
(Business Entity Name)
(Document Number)
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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: ZAIN MEDICAL CENTER, P.A. (Name of Corpo	ration) +
DOCUMENT NUMBER:P05000104360	
The enclosed Statement of Change of Registered Office/Ag	ent and fee are submitted for filing.
Please return all correspondence concerning this matter to the	he following:
IMRAN RAJ	JWANI
(Name of Contact	Person)
ZAIN MEDICAL C	ENTER, P.A.
, (2.1111	~~~
309 KINGSLEY LAKE	DR SHITE 904
(Address)	
,	
ST. AUGUSTIN	F FI - 32092
For further information concerning this matter, please call:	
IMRAN RAJWANI at (Name of Contact Person)	( 904 ) 824-0577 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department	t of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

•	ν	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of FLORIDA	
in order to c	hange its registered office or	registered agent, or both, in the State of Florida.	
1. The name of the co	orporation: ZAIN MEDICA	L CENTER, P.A.	
2. The principal office	e address: 309 KINGSLE	Y LAKE DR. SUITE 904.	
ST. AUGUSTI	NE, FL- 32092		<del></del> -
3. The mailing address	ss (if different): SAME		
4. Date of incorporati	on/qualification: 07/25/200	Document number: <u>P05000104360</u>	
	et address of the current registe t of State: (If resigned, enter re	ered agent and registered office on file with the esigned)	
<u>PA</u>	TRICK, MARK CPA		
402	9 ATLANTIC BLVD		
JAC	CKSONVILLE FL 32207 I	US	بمدند
6. The name and stree (if changed):	et address of the new registere	ed agent (if changed) and /or registered office  SUITE 904.	<b>元</b> に とい
<u>IMF</u>	RAN RAJWANI	<u>څ</u> ن	032
309	KINGSLEY LAKE DR.	SUITE 904.	) }
CT.	(P.O. Box NOT acc		
•	. AUGUSTINE, FL- 3209		
The street address of as charged will be ic	its registered office and the lentical.	street address of the business office of its registered agent.	
/ RLV . A	V	dopted by its board of directors or by an officer so een notified in writing of the change.	
(Signature of a	n officer of director)	IMRAN RAJWANI PST (Printed or typed name and title)	
I hereby accept the a I further agree to con of my divies, and I a document is being fil	unnaintmant as registered ag	ent and agree to act in this capacity. Ill statutes relative to the proper and complete performance he obligation of my position as registered agent. Or, if this e in the registered office address. I hereby confirm that the	
( M .w	, Xm	11/06/2008	
\ \ \ \	M Registered Agent)	(Date)	
If signing on behalf of	of an entity:		
(Typed o	or Printed Name)		
(Typed c	a i inicu namej		

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