

P08000059928

(Requestor's Name)

(Address)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B.A.

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JUL 15 2009

# LIM & COMPANY, P.L.

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HAE KYUNG LIM  
Attorney at Law

*Post Office Box 350911  
Jacksonville, Florida 32235-0911  
Telephone: (904) 220-7702  
Email: [lim.co.pl@bellsouth.net](mailto:lim.co.pl@bellsouth.net)*

June 30, 2009

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Change of Registered Agents  
P08000059928/Associates In Internal Medicine, P.A.

Dear Sir or Madam:

Please find enclosed: (1) Change of Registered Agent Form; and (2) Check Number 1143 in the amount of \$35.00 for the Filing Fee. Please return all correspondence concerning this matter to:

Hae Kyung Lim, Esq.  
P.O. Box 350911  
Jacksonville, FL 32235-0911

If you require immediate attention, please feel free to contact me directly at the number referenced above in this letter. Thank you for your assistance and immediate attention.

Sincerely,



Hae Kyung Lim, Esq.

HKL/

**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: Associates In Internal Medicine, P.A.
2. The principal office address: 252 Southpark Circle East  
St. Augustine, Florida 32086
3. The mailing address (if different): 1835 US 1 South, Ste. 119-310  
St. Augustine, Florida 32084
4. Date of incorporation/qualification: 06/19/2008 Document number: P08000059928
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)

Robert H. Pritchard  
1301 Riverplace Blvd, Ste. 1500  
Jacksonville, Florida 32202

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

Hae Kyung Lim, Esq.  
986 Collinswood Drive  
P.O. Box NOT acceptable  
Jacksonville, Florida 32225

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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]  
Signature of an officer or director

Goar de Lamerens, 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]  
Signature of Registered Agent

6/23/2009  
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)