

P920000 14347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

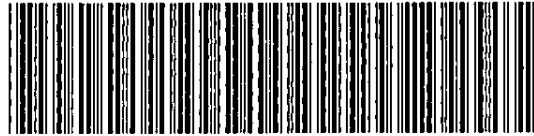
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DATE: 04-²⁰~~19~~-2012

NAME: *Florida Medical Quality Assurance, Inc*

TYPE OF FILING: *Change of Registered Agent*

COST: *\$ 35*

RETURN: *Plain Copy*

ACCOUNT: FCA000000015

AUTHORIZATION: *[Signature]* ABBIE PAUL HODGE

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:

FLORIDA MEDICAL QUALITY ASSURANCE, INC.

2. The principal office address:

5201 W. Kennedy Boulevard, Suite #900 Tampa FL 33609

3. The mailing address (if different):

4. Date of incorporation/qualification: 12/28/1992 Document number: P92000014347

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

Tony Freedman

5201 W. Kennedy Boulevard, Suite #900

Tampa FL 33609

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

National Corporate Research, Ltd., Inc.

155 Office Plaza Drive

(P.O. Box NOT acceptable)

Tallahassee Florida 32301

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.

John T. Tison
(Signature of an officer or director)

John Tison, Secretary
(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.

Kristie Tolliver asst Secretary
(Signature of Registered Agent)

4-20-12
(Date)

If signing on behalf of an entity:

Kristie Tolliver
(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