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| Certificates | of Status |
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Office Use Only

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COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: Clive N. Morgan, P.A. (Name of Corporation) |
| DOCUMENT NUMBER: P93000023667 |
| 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: |
| Stefan R. Shubert (Name of Contact Person) |
| Fisher, Tousey, Leas & Ball, P.A. (Firm/Company) |
| 501 Riverside Avenue, Suite 600 |
| (Address) |
| Jacksonville, Florida 32202 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Stefan R. Shubert at (904) 356-2600 |
| (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a \$35.00 check made payable to the Department of State. |
| Mailing Address: Street Address: |

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida. |
|---|--|
| 1. The name of t | the corporation: Clive N. Morgan, P.A. |
| | office address: 6712 Atlantic Blvd lle, Florida 32211 |
| 3. The mailing a | ddress (if different): |
| 4. Date of incorp | poration/qualification: 03/26/1993 Document number: P93000023667 |
| | I street address of the current registered agent and registered office on file with the tment of State: |
| | Leas, Michael R |
| | One Independent Drive, Suite 2600 |
| | Jacksonville, Florida 32202 |
| 6. The name and (if changed): | One Independent Drive, Suite 2600 Jacksonville, Florida 32202 street address of the new registered agent (if changed) and /or registered office Fisher, Tousey, Leas & Ball, P.A. |
| | Fisher, Tousey, Leas & Ball, P.A. |
| | 818 North A1A, Suite 104 |
| | (P.O. Box NOT acceptable) |
| | Ponte Vedra Beach, Florida 32082 |
| The street address changed will | ess of its registered office and the street address of the business office of its registered agent, be identical. |
| Such change was authorized by the | as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change. |
| (Signate | ure of an officer or director) (Printed or typed name and title) |
| I hereby accept I further agree of my duties, ar document is bel corporation ha | the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change. |
| Bun | gradure of Registered Agent) 7/24/07 (Date) |
| If signing on be | chalf of an entity: |
| BEVER | Y H. FURTICK - PRESIDENT |
| | Typed or Printed Name) |

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