P93000035485

(Requestor's Name)						
Welton & Williamson, P.A. The Madison Building 1020 South Ferdon Blvd Crestview, FL 32536						
(City/State/Zip/Phone #)						
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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: GARRY G. BANKS M.D., P.4. (Name of corporation)
DOCUMENT NUMBER: P93000035485
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:
John C. Bryan, Jr. (Name of person)
Welton + Williamson, P.A. (Name of firm/company)
1020 S. Ferdon Blud. (Address)
Crestview, FL 32536 (City/state and zip code)
For further information concerning this matter, please call:
Name of person) at (850) 682-2120 (Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

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

_	ovisions of sections ed for a corporation							ent of in orde	
to change its regis	stered office or regi	stered agent, or be	oth, in the State	of Florida.					
1. The name of the	e corporation:	GARRY	G 1341	UKS,	M. D.,	P.A.	<u> </u>		
2. The principal o	ffice address:	1003 W.	Calleg	e Bly	d. , S	ute	<u> </u>		_
		Niceville	e, FL	3257	8				
3. The mailing ad	dress (if different):				<u></u>		,		_
4. Date of incorpo	oration/qualification	05/13/1	1993 Docum	ent number	P930	000	354	8.5	_
	street address of the							_	
		Garry	G. Bank	(S					
		1003 W	. College	Blud	, Suit	<u> </u>	SEC	10	
		Nicevil	12, FL 3:	2578)4 FEB 25	
6. The name and (if changed):	street address of th	e new registered a	gent (if changed	i) and /or re	gistered office	:	ARY OF		
		John C.	Bryen,	74.	.,,_		FISTA	AM IQ:	0
	_ Welto	(P.O. Box or perso	m Son P.	eptable)			37	7	
	1020 S	. Ferdon Bl	vd., Cr	estvi co	u, FL 37	<u>us 3 (</u> -			
The street addre	ess of its registered identical.	office and the stre	eet address of t	he business	office of its	registere	d agent	t, as	
	as authorized by re e corporation has b								у
M	Signature of an officer or				nnted or typed na		_		
I hercby accept I further agree a duties, and I an being filed mere been notified in	the appointment a to comply with the n familiar with and ely to reflect a cha writing of this cho	is registered agen provisions of all : accept the obliga- nge in the register ange.	t and agree to a statutes relative ation of my posi red office addre	act in this co to the proj tion as reg ess, I hereby	apacity. ber and comp istered agent. v confirm that	lete per Or, if t t the cor	forman his doc poratio	ce of i umen in has	my t is
July:	Registered	Agent)		Fabrus	y 23, 200	<u>}</u>			
If signing on be	ehalf of an entity:								
Welton't W	Illianson, P.A	·		atter	nen				
	(Typed or Printed Nam	ne)			(Capa	city)			

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