

P94000001578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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# JOHN LEE BREWERTON, III, P.A.

## COUNSELORS AT LAW

250 NORTH ORANGE AVENUE, PENTHOUSE SUITE  
ORLANDO, FLORIDA 32801  
TELEPHONE: (407) 649-9500 FACSIMILE: (407) 843-4946  
E MAIL: BREWLAW@AOL.COM  
WEBSITE: BREWLAW.COM

March 3, 2003

### VIA FEDERAL EXPRESS

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

Re: Change of Registered Agent for Carefirst of Tavares, Inc.

Dear Madam or Sir:

Enclosed herewith please find an original Change of Registered Agent form for the above captioned company. Also enclosed is our firm's check number 4285, payable to the Florida Department of State in the amount of \$43.75 (representing the \$35.00 fee and an additional \$8.75 fee for a certified copy).

Please file the Change of Registered Agent Form upon your receipt, and return a date stamped certified copy to me as soon as possible in the enclosed self-addressed Federal Express envelope.

Thank you in advance for your assistance in this matter. If you have any questions, please do not hesitate to call me.

With best regards, I am

Very truly yours,

JOHN L. BREWERTON, III, P.A.

By: 

John L. Brewerton, III

JLB/lh  
Encl.

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CAREFIRST OF TAVARES, INC.  
(Name of corporation)

**DOCUMENT NUMBER:** P94000001578

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 L. BREWERTON, III  
(Name of person)

JOHN L. BREWERTON, III, P.A.  
(Name of firm/company)

250 N. ORANGE AVENUE, PENTHOUSE SUITE  
(Address)

ORLANDO, FLORIDA 32801  
(City/state and zip code)

For further information concerning this matter, please call:

JOHN L. BREWERTON, III at ( 407 ) 649-9500  
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**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: CAREFIRST OF TAVARES, INC.
2. The principal office address: 15050 U.S. HIGHWAY 441  
EUSTIS, FLORIDA 32726
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: December 29, 1993 Document number: P94000001578

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

Todd M. Husty

15050 U.S. Highway 441

Eustis, Florida 32726

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

JOHN L. BREWERTON, III, P.A.

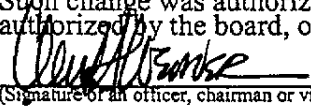
250 NORTH ORANGE AVENUE, PENTHOUSE SUITE

(P.O. Box or personal mailbox NOT acceptable)

ORLANDO, FLORIDA 32801

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 authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer, chairman or vice chairman of the board)

William L. Wenner  
(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 of Registered Agent)

1/1/03  
(Date)

If signing on behalf of an entity:

John L. Brewerton, III, P.A.  
(Typed or Printed Name)

President  
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA