

Requestor's Name  
 Address  
 City/State/Zip Phone #

P940000001586

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

99 NOV - 8 AM 11: 25  
 FILED  
 DEPARTMENT OF STATE  
 REVENUE FLOOR

- Walk in     
  Pick up time \_\_\_\_\_     
  Certified Copy  
 Mail out     
  Will wait     
  Photocopy     
  Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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 \*\*\*\*\*35.00 \*\*\*\*\*35.00

*P94000001586*  
*405 RALM*  
*35.00*  
*OK in*

Examiner's Initials	
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FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

September 29, 1999

CAREFIRST OF FRUITLAND PARK, INC.  
3235 US HIGHWAY 441/27  
SUITE C  
FRUITLAND PARK, FL 34731 US

SUBJECT: CAREFIRST OF FRUITLAND PARK, INC.  
Ref. Number: P940C0C01586

Our records indicate the registered agent for the above named corporation resigned on September 24, 1999 and that the corporation currently does not have a registered agent designated.

Chapter 607, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a corporation for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named corporation 60 days from the date of this letter if a registered agent is not properly designated.

Enclosed is registered agent designation application for you to complete and return with a filing fee of \$35.

If you should need any further information, please contact our office at (850)-487-6050.

Carol Mustain  
Corporate Specialist

RECEIVED  
11 2 AM '99  
DIVISION OF CORPORATIONS

**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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: CareFirst of TAVARES INC.  
Care-first of Fruitland Park

2. The mailing address of the corporation is: 15050 US Hwy. 441  
EUSTON, FL 32726

3. Date of incorporation/qualification: \_\_\_\_\_ Document number: \_\_\_\_\_

4. The name and address of the current registered agent and office:

Steven A. Crews, President  
15050 US Hwy 441 / 3235 US Hwy 441  
EUSTON, FL 32726 / Fruitland Park, FL

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable) 34731

Todd M. Husty, F.P.  
15050 US Hwy 441 / 3235 US. Hwy 441  
EUSTON, FL 32726 / Fruitland Park, FL

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical. 34731

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

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

7/2/99  
(Date)

Todd M. Husty vice president  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

[Signature]  
(Signature of Registered Agent)

7/2/99  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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

FILED  
99 NOV -8 AM 11:25  
TALLAHASSEE, FL

**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, the undersigned corporation organized under the laws of the State of \_\_\_\_\_ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: \_\_\_\_\_

2. The mailing address of the corporation is: \_\_\_\_\_

32.35 US Hwy 441-27 Fruitland PARK FL 34731

3. Date of incorporation/qualification: \_\_\_\_\_ Document number: \_\_\_\_\_

4. The name and address of the current registered agent and office:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

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

(Date)

TODD HUSTY DO. PA.

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

CARE FIRST OF Fruitland PARK  
(Typed or Printed Name) (Capacity)

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

already filed

See attached