## Requester's Name $A_{merican}$ Associates, Inc. Office Use Only 1000 Johnson Ferry Road ENT NUMBER(S), (if known): **CORPO** Suite A-115 Marietta, GA 30068 (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy ☐ Walk in Pick up time Certificate of Status ☐ Mail out Will wait ☐ Photocopy **NEW FILINGS** <u>AMENDMENTS</u> Profit □ Amendment Resignation of R.A., Officer/Director ☐ Not for Profit ☐ Limited Liability Y Change of Registered Agent ☐ Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFICATION OTHER FILINGS Annual Report ☐ Foreign ☐ Limited Partnership Fictitious Name ☐ Reinstatement Trademark T BROWN NOV 1 7 1999 Other **Examiner's Initials** CR2E031(7/97)

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

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: American Medical Associates, Inc.
2. The mailing address of the corporation is: 1000 Johnson Ferry Road, Suite A-115
Marietta, GA 30068
3. Date of incorporation/qualification: 09/29/1994 Document number: P94000071607
4. The name and address of the current registered agent and office:
Robert W. Rasch
201 Live Oak Lane
Altamonte Springs, FL 32714
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Dana J. Watts
1620 Main Street, Suite 1
Sarasota, FL 34236
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)
(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. 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)
f signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
(Capacity)

CR2E045(7/97)