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ELECTRONIC FILING COVER SHEET

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TO: DIVISION OF CORPORATIONS

FAX #:

(850)922-4000

FROM: KIRK PINKERTON, A PROFESSIONAL ASSOCIATION

ACCT#:

071670002600

CONTACT: JUDY ROSENFELD

PHONE: (941)364-2409

FAX #:

(941)364-2490

NAME: MARK KONWISER, M.D., P.A.

AUDIT NUMBER..... H98000012358

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### FLORIDA DIVISION OF CORPORATIONS

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#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 2, 1998

MARK KONWISER, M.D., P.A. 900 PINE STREET ENGLEWOOD, FL 34223

SUBJECT: MARK KONWISER, M.D., P.A.

REF: P94000084579

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Our records reflect the current registered agent and office being MARK KONWISER AT 900 PINE STREET, ENGLEWOOD, FL 34223. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6906.

Darlene Connell Corporate Specialist FAX Aud. #: H98000012358 Letter Number: 698A00035998

## Florida Department of State, Sandra B. Mortham, Secretary of State

FAX AUDIT #H98-12358

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

	a porunon organizea	unger the laws of th	0502, 607.1508, or 617.15 e State of <u>Florida</u>	
submits the fo State of Florid	llowing statement in	order to change its	registered office or register	red agent, or both, in the
1. The name of	f the corporation is:	Mark Konwiser	M.D., P.A.	
				-
2. The mailing	address of the corpored, Florida 34223.	ration is: 900 E.	Pine Street, Building	1, Suite 122/123,
3. Date of inco 4. The name a	orporation/qualification and address of the curr	n: <u>11/18/94</u> ent registered agent	Document number and office:	P94000084579
		Mark Konwi	ser	
		900 Pine St	reet	- 788 ·
		Englewood,	Florida 34223-	
5. The name ar		registered agent and	office: (P.O. Box Not Acc	septable F. ST.
	720 South Oran		MIR EMRETION	
	Sarasota, Floric			
The street addragent, as chang	ess of its registered of ed, will be identical.	Tice and the street a	ddress of the business offic	e of its registered
Such change was authorized by the such change of th	is authorized by resolue board.	ution duly adopted b	y its board of directors or	by an officer so
Signature of an off	Konuran	ars)	7/2/98	•
		•	(Date)	
Mark Ko	nwiser, M.D., Pr			
Taving been na hereby accept comply with the md I am familio	med as registered ago the appointment as re provisions of all, state ir with and account the	(Printed or typed nar ent and to accept ser egistered agent and utes relative to the p Lobbigation of my po	ne and title)  vice of process for the abo agree to act in this capacit roper and complete perfor osition as registered agent.	ve stated corporation, y. I further agree to mance of my duties,
JAKI H	of Recistores Kocher	<u>_</u> _	7/2/98	
	( )		(Date)	
n signing on be repared by:	half of an entity: David M. Silbers	stein, Esq.	-	
	Kirk Pinkerton,	720 S. Orange A	.ve.	
(Typed or	Printed Name) Sarasota, FL 342		(Capacity)	FAX AUDIT #H98-1235
CR2E045(1/95)	Atty. Bar #43687 Telephone: (941	79		LING FEE: \$35 on