

**P950000888/19**  
**LARSEN & ASSOCIATES, P.A.**  
ATTORNEYS AND COUNSELORS AT LAW

**RICHARD E. LARSEN\***  
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\*ADMITTED IN FLORIDA AND ILLINOIS

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May 29, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: **Change of Registered Agent**  
**Kissimmee Doctors Clinic, Inc.**

400004335904--7  
-05/31/01--01049--011  
\*\*\*\*\*25.00 \*\*\*\*\*35.00

Dear Sir or Madam:

Enclosed please find a change of registered agent form for Kissimmee Doctors Clinic, Inc. I am also enclosing a check in the amount of \$35.00, representing the filing fee.

Thank you for your assistance. Should you have any questions, or require anything additional at this time, please contact me.

Sincerely,

*Lori J. Horchler*  
Lori J. Horchler  
Paralegal

/ljh  
Enclosures

**FILED**  
01 MAY 31 PM 12:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*ac 6/6*  
*mu*

**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: Kissimmee Doctors Clinic, Inc.

2. The mailing address of the corporation: 1307 E. Vine Street, Kissimmee, FL 34744

3. Date of incorporation/qualification: 11/17/95 Document number: 593209792

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

Auguste J. Pinna  
1307 E. Vine Street

Kissimmee, FL 34744

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

Dr. Sanford Pinna  
1307 E. Vine Street  
Kissimmee, FL 34744

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.

Auguste J. Pinna  
(Signature of an officer, chairman or vice chairman of the board)

5/22/01  
(Date)

Auguste J. Pinna - Officer  
(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.

Auguste J. Pinna  
(Signature of Registered Agent)

5/22/01  
(Date)

If signing on behalf of an entity:

Auguste J. Pinna  
(Typed or Printed Name)

Officer  
(Capacity)

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

FILED  
01 MAY 31 PM 12:07  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE