## 



Preferred Medical Group 5150 N. Tamiami Trail, Suite 503400 Naples, FL 34103

Office Use Only

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

1.	8000033777287 -08/30/ <u>0</u> 001062 <u>01</u> 0
(Corporation Name)	(Document #) *****35.00 ******35.00
2. (Corporation Name)	(Document #)
(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	☐ Photocopy ☐ Certified Copy ☐ Certificate of Status
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent  Dissolution/Withdrawal  Merger
OTHER FILINGS  ☐ Annual Report ☐ Fictitious Name	Merger  REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other

**Examiner's Initials** 

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

suomus ine jo the State of F	ollowing statement in order to change its registered office or registered agent, or both, in
	of the corporation is: Preferred Medical Group, Inc.
<del></del>	
. The mailing	g address of the corporation is: 5150 Tamiami Trail North, Suite 503
	Naples, FL 34103
. Date of inc	corporation/qualification: March 10, 1997 Document number: P97000021603
The name a	nd address of the current registered agent and office:
	George A. Wilson
	821 Fifth Avenue South, Suite 201
	Naples, FL 34102
The name ar	nd address of the new registered agent and office: (P. O. Box Not Acceptable)
	Brenda Agius
	5150 Tamiami Trail North, Suite 400
	Naples, FL 34103
e street addr ent, as chang	ress of its registered office and the street address of the business office of its registered ged, will be identical.
thorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so board.  Solution duly adopted by its board of directors or by an officer so board.  Solution duly adopted by its board of directors or by an officer so board.  (Date)
Don	ald I. Holton, President
- Z	(Printed or typed name and title)
ving been ha poration, I h irther agree formance of istered agen	amed as registered agent and to accept service of process for the above stated hereby accept the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as
Per	Samue of Registered Agent)  (Date)
oning on behalf	f of an entity:
emis on ochan	

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314