P97000029954

PHC Physicia	n Health Corporati	7000026054570 -08/03/3801081020 Om *****35.00 *****35.00
990 Hammond Drive Suite 300 Atlanta, Georgia 30328		Office Use Only
CORPORATION	NAME(S) & DOCUMENT NUMB	BER(S), (if known):
1. <u>(Corp</u>	poration Name) (Docu	ument #)
2. <u>(Corp</u>	poration Name) (Docu	ument #)
		ument #)
4(Corp	poration Name) (Docu	ument #)
Walk in	Pick up time	Certified Copy
☐ Mail out NEW FILINGS	■ Will wait ■ Photocopy AMENDMENTS	Certificate of Status
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/Directo	
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	98 SECH 4LL/
OTHER FILINGS	REGISTRATION/ QUALIFICATION	FILED MUG-3 PM 2:51 4 CARETARY OF STATE LAHASSEE, FLORIDA AUG AUG AUG AUG AUG AUG AUG A
Annual Report	Foreign	P. F.C.
Fictitious Name	Limited Partnership	Roja
Name Reservation	Reinstatement	
	Trademark	AUG 4 1990'
	Other	-
	Ouler	

Examiner's Initials

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

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 FLOCTOA 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: PRIMARY CARE SPECIALISTS OF CENTRAL FLORIDA, I
2. The mailing address of the corporation is: 990 Hammond Drive, Suite 300
Atlanta, Georgia 30328
3. Date of incorporation/qualification: 03/07/94 Document number: P970000 29954
4. The name and address of the current registered agent and office:
Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
James Shamus Holt
3885 Oakwater Circle
Orlando, Florida 32806
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.
Sarah C/201 7/8/98
(Signature of an officer, chairman or vice chairman of the board) (Date)
Sarah C. Garvin, President 1/8/98
(Printed or typed name and title) (Date)
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:
(Typed or Printed Name) (Capacity)
CR2E045(4/95) FILING FEE: \$35.00