

P97000096561

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : HARRY A. JONES

Account Number : I20070000042

Phone : (321) 984-2700

Fax Number : (321) 723-4092

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

QUALITY MEDICAL CARE, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: QUALITY MEDICAL CARE, P.A.
Name of Corporation

DOCUMENT NUMBER: P97000096561

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

STEPHEN D. MILBRATH, ESQ
Name of Contact Person

Allen, Dyer, Doppelt, Milbrath & Gilchrist, P.A.
Firm/Company

255 South Orange Ave, Ste 1401
Address

Orlando, Florida 32801
City/State and Zip Code

smilbrath@addmg.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen D. Milbrath at (407) 841-2330
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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, this
statement of change is submitted for a corporation organized under the laws of the State of FLORIDA
_____ in order to change its registered office or registered agent, or both, in the State of Florida

1. The name of the corporation: QUALITY MEDICAL CARE, P.A.
2. The principal office address: 675 SOUTH BABCOCK STREET
MELBOURNE, FL 32901
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/10/1997 Document number: P97000096561

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

HARRY A. JONES

1901 S HARBOR CITY BLVD, # 500

MELBOURNE, FL 32901

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

STEPHEN D. MILBRATH, ESQ.

255 SOUTH ORANGE AVE, STE 1401

P.O. Box NOT acceptable

ORLANDO, FL 32801

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, or the corporation has been notified in writing of the change.



Signature of an officer or director

PRESIDENT

Printed or typed name and title

*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. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.*



Signature of Registered Agent

9/3/09

Date

If signing on behalf of an entity:

STEPHEN D. MILBRATH

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR21E045 (8/05)

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