## P97000104757



Medical Chart Review, Inc.

Joseph M. Sachs, M.D. 1060 Creekford Drive .Weston, Florida 33326-2836

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Office Use Only

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	ָרֶ רַיַּ		☐ Limited Partnership ☐ Reinstatement
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

the undersigned corporation organized under the laws of the State of Florida Statutes,
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: Medical Chart Review INCORPORATES
THEN ICAL CHARI REVIEW INCORPORATES
2 The mailing addings of the
2. The mailing address of the corporation is: 1060 CREEKFORD DRIVE
- Weston, Florida 33326-2836
3. Date of incorporation/qualification: Dec - 9. 1997 Document number:
The name and address of the or registered agent and office:
Joseph M. Sachs, MD
1060 CReekFood Deive
1060 CReekFORD DRIVE WESTON, FLORIDE 333326-2836 PEG G
The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Corporation Service Company
1201 Hays Street
64 8
Tallahassee, Florida 32301  The street address of its registered office and the street address of its registered of its
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
MA Sol
(Signature of an officer, chairman or vice chairman of the board)  (Dage)
Joseph M. Sacks
(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.
performance of my duties, and I am familiar with and accept the obligation of my nosition as
By: // (Signature of Registered Agent)
If signing on behalf of an entity:
Joseph M. Sachs PREINENT
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *
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