

P97000107069

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 FEB 23 AM 9:47

RICHARD N. CAMP, CPA, PA

4110 Southpoint Blvd.
Suite 206
Jacksonville, FL 32216

City/State/Zip

Phone #

Office Use Only

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

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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-02/13/98-01049-019
*****35.00 *****35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

02-24-98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

February 17, 1998

RICHARD N. CAMP, CPA, PA
4110 SOUTHPOINT BLVD.
SUITE 206
JACKSONVILLE, FL 32216

SUBJECT: FLORIDA MULTI SPECIALTY MEDICAL GROUP, PROFESSIONAL
ASSOCIATION
Ref. Number: P97000107069

We have received your document for FLORIDA MULTI SPECIALTY MEDICAL GROUP, PROFESSIONAL ASSOCIATION and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 598A00009057

RICHARD N. CAMP, CPA, PA
Certified Public Accountant

FEBRUARY 19, 1998

DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: P97000107069

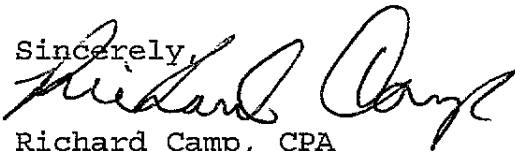
DEAR SIR/MS:

I am enclosing two originals with original signatures for the change of registration for the registered agent. You already have my check for the \$35.00 for the administrative fee.

Enclosed is a copy of the letter you sent back to my office. This is the second time I have sent signed originals to your office.

I now expect this administrative matter to be handled. I will follow up promptly on this matter to ensure the proper handling of these documents.

Sincerely,



Richard Camp, CPA

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SECRETARY OF CORPORATIONS
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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 is: FLORIDA MULTI Specialty
Medical Group, Professional Association
2. The mailing address of the corporation is: P.O. Box 56586
JACKSONVILLE, FL 32241-6586
3. Date of incorporation/qualification: 12/22/97 Document number: P97000107069
4. The name and address of the current registered agent and office:

CAROL BRANNON
759 South Federal Highway -
STUART, FLORIDA 34994

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

RICHARD CAMP, CPA
4110 Southpoint Blvd, Suite 20
JACKSONVILLE, FL 32216

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FEB 23

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.

Todd McClerren, O.C. 2-19-98
(Signature of an officer, chairman or vice chairman of the board) (Date)

TODD MCCLERREN, O.C., PRESIDENT
(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.

Richard M. Camp, CPA 2/19/98
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)