

P98000000220



UCC FILING & SEARCH SERVICES, INC.
526 East Park Avenue
Tallahassee, FL 32301
(850) 681-6528

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642531

CORPORATION NAME(S) AND DOCUMENT NUMBER(S) (if known):

Thomas Stavey MD PA

100002426001--9
-02/10/98--01003--011
*****35.00 *****35.00

RECEIVED
98 FEB 10 AM 8:33
DIVISION OF CORPORATION

- Walk In
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Certified Copy

Certificate of Status

Certificate of Good Standing

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ALL CHARTER DOCUMENTS

98 FEB 13 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

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

Certificate of FICTITIOUS NAME

FICTITIOUS NAME SEARCH

CORP SEARCH

2/13 Tom R.A. Change

Ordered By: _____

Date: _____



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 10, 1998

UCC FILING & SEARCH SERVICES, INC.

TALLAHASSEE, FL

SUBJECT: THOMAS G. STAVOY, M.D., P.A.
Ref. Number: P98000000220

We have received your document for THOMAS G. STAVOY, M.D., P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

NOTE: If Mr. Stavoy wishes to serve as registered agent in an individual capacity, you must remove the "P.A." from his name in number five of the document.

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) 487-6957.

Joy Moon-French
Corporate Specialist

Letter Number: 098A00007555

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DIVISION OF CORPORATION

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 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: Thomas G. Stavoy, M.D., P.A.
2. The mailing address of the corporation is: 311 N. Clyde Morris Blvd Ste. 180 Daytona Beach, FL 32114
3. Date of incorporation/qualification: 1/1/98 Document number: P98000000220
4. The name and address of the current registered agent and office:

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Tallahassee, FL 32301

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- 5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)
Thomas G. Stavoy
311 N. Clyde Morris Blvd. Ste. 180
Daytona Beach, FL 32114

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.

(Signature of an officer, chairman or vice chairman of the board) (Date)

Thomas G. Stavoy 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.

(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)