

P98000027386

NAMACK, CLARK & KEENEY
ATTORNEYS AT LAW
A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS
1800 SECOND STREET
SUITE 855
SARASOTA, FLORIDA 34236

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*****35.00 *****35.00

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

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

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☐ 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

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

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99 JUN 25 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. LEWIS JUN 29 1999

**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: Tri-County Medical Billing and Collections, Inc.

2. The mailing address of the corporation is: P.O. Box 2332, Sarasota, FL 34230

3. Date of incorporation/qualification: 3-25-98 Document number: P98000027386

4. The name and address of the current registered agent and office:

Clifford M. King

1800 Second Street, Suite 855

Sarasota, FL 34236

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

Camille Elliott

1710 Pompano Ave.

Sarasota, FL 34234

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TALLAHASSEE, FLORIDA

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.

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

6-22-99
(Date)

Camille Elliott

(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.

Camille Elliott
(Signature of Registered Agent)

6-22-99
(Date)

If signing on behalf of an entity:

Camille Elliott
(Typed or Printed Name)

(Capacity)

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