## P9800031895

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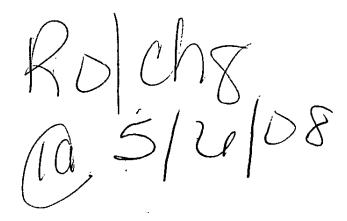
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95/06/08--01001--008 \*\*30.00

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DIVISION OF COMORATIONS



## 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.	<u>'</u>
1. The name of the corporation: HROSS Harris, M.D. P. A.	
2. The principal office address: 5415 PK Cantral Ct. Bldg. D Naples, FL 34109	
3. The mailing address (if different): Post Office Box 82.50	
Ft. Myers, FL 33908 pasons	37 OA c
4. Date of incorporation/qualification: 5-12-1998 Document number:	3600
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
Kayusa, Michael F., Esq.	
1922 Victoria Ava Svite A	
F+ Myers, FL 33901	DIVISION
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Kayusa, Michael Fr, ESq.	5
2400 First Stroat Svite 303 (PO. Box NOT acceptable)	9:
Ft. Myers, FL 33901	25
The street address of its registered office and the street address of the business office of its registered ag as changed will be identical.	ent,
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) (Printed or typed name and title)	<del></del>
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 perform of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, is document is being filed merely to reflect a change in the registered office address, I hereby confirm that complete has been notified in writing of this change.	ance f this t the
HARDEN Registered Agent)  4/22/08 (Date)	<del></del>
If signing on behalf of an entity:	
Michael F. Kayusa (Typed or Printed Name)	

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 14, 2008

MICHAEL F. KAYUSA, ESQ. POST OFFICE BOX 6096 FT. MYERS, FL 33911

SUBJECT: H. ROSS HARRIS, M.D., P.A.

Ref. Number: P98000037895

We have received your document for H. ROSS HARRIS, 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):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 008A00022007

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SECRETARY OF STATE
ALLAHASSEE. FLORID

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Your letter

## **COVER LETTER**

Division of Corporations
SUBJECT: Brian A. Mireis, M.D., P. A. (Name of Corporation)
DOCUMENT NUMBER: P9300000 1236
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:
Kayusa, Michael F. Esq. (Name of Contact Person)
(Firm/Company)
Post Office Box 6096 (Address)
Ft. Myers, FL 33901 (City/State and Zip Code)
For further information concerning this matter, please call:
Michael F. Kayusa at (234) 334-8200 (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

TO:

Amendment Section