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## REGISTERED AGENT CHANGE

VICTOR HARDING, M.D., P.A.

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April 13, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

VICTOR HARDING, M.D., P.A. 200 S. ORANGE AVE STE 2300 ORLANDO, FL 32801

SUBJECT: VICTOR HARDING, M.D., P.A.

REF: P98000085259

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent address must reflect what we have on our records.

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Tina Roberts Regulatory Specialist II FAX Aud. #: H09000086779 Letter Number: 109A00012342

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15 LAHASSEE. FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	istered office or registered agent, or both, in the State of Florida.
1. The name of the corporation:	
2. The principal office address:	7575 Dr. Phillips Boulavard, Suite 10, Orlando, FL 32819
3. The mailing address (if different)	):
4. Date of incorporation/qualification	on: 10/05/1998 Document number: P98000085259
5. The name and street address of the Florida Department of State:	he current registered agent and registered office on file with the
A.G.C. (	
200 Sour	th Orange Avenue, Suite 2300
Orlando,	FL 32802
6. The name and street address of the (if changed):	ne new registered agent (if changed) and /or registered office
	C T Corporation System
	Corporation System, 1200 South Pine Island Road
	(P.O. Box NOT exceptable)
	Plantation, Florida 33324
The street address of its registered as changed will be identical.	office and the street address of the business office of its registered agent,
Such change was authorized by reauthorized by the board, or the con	solution duly adopted by its board of directors or by an officer so moration has been notified in writing of the change.
(Migraelter type of fater on three-le-	Debooth F. Harding, MD, President
hereby accept the appointment a further agree to comply with the of my duties, and I am [amiliar with the locument is being filed merely to a corpoyation has been notified in a CT Corporation Sylventics Sylventics and the corporation of the	s registered agent and agree to act in this capacity, provisions of all statutes relative to the proper and complete performance in and accept the obligation of my position as registered agent. Or, if this reflect a change in the registered office address, I hereby confirm that the printing of this change.
By: (Signature of Registered Age	April 8, 2009
If signing on behalf of an entity:	
Madonna Cuddihy	
Special Assistant Secre	** * FILING FEE: \$35.00 * * *
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MAIL TO: DIVISION C CR2E045 (8/05)	F CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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