

P98000092935

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

5/4/17

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Medical Associates of West Florida Network Inc
Name of Corporation

DOCUMENT NUMBER: P98000092935

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:

Danielle Bosse

Name of Contact Person

Medical Associates of West Florida Network Inc

Firm/Company

7575 State Rd 52

Address

Bayonet Point, FL 34667

City/State and Zip Code

dbosse@mawfilp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danielle Bosse

Name of Contact Person

at (727) 861-9800

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

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Medical Associates of West Florida Network, Inc.
2. The principal office address: 7575 State Rd 52 Bayonet Point, FL 34667

3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number: P98000092933

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Robert L Duncan Jr., MD

7575 State Rd 52

Bayonet Point, FL 34667

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Narendra Patel, MD

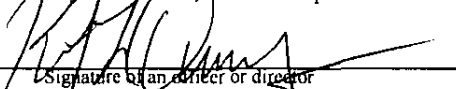
7575 State Rd 52

P.O. Box NOT acceptable

Bayonet Point, FL 34667

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, or the corporation has been notified in writing of the change.


Signature of an officer or director

Robert L Duncan Jr., MD

Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

X 
Signature of Registered Agent

04/18/17

Date

If signing on behalf of an entity:

Narendra Patel
Typed or Printed Name

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