

P98000094357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600017853486

05/06/03--01069--003 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2003 MAY -5 PM 12:28

R. A. Change
LFF
5-13-03

ATTORNEYS AT LAW
COHN COHN
& HENDRIX
A PROFESSIONAL ASSOCIATION

1988 - 2003
15th
ANNIVERSARY

Tuesday, April 22, 2003

Division of Corporations
Amendments Section
409 E. Gaines Street
Tallahassee, FL 32399

Re: Medical Park Ventures, LLC INC.

Dear Sir or Madam:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or both for Corporations. We have also enclosed our client's check payable to Secretary of State in the sum of \$35.00.

If you have any questions, please do not hesitate to contact us. Thank you for your kind assistance in this matter.

Cordially,

COHN, COHN & HENDRIX, P.A.



Sheree A. Vinson
Paralegal

/sav
Encl.

cc: VNC
Tyler D. Reiber
Kerry Borosh

**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.*

1. The name of the corporation: MEDICAL PARK VENTURES, INC.
2. The principal office address: 132 WHITAKER ROAD, STE. A
LUTZ, FL 33549
3. The mailing address (if different): PO BOX 272046, TAMPA, FL 33688
4. Date of incorporation/qualification: 11/4/1998 Document number: P98000094357
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:
VANESSA N. COHN, ESQ.
705 W. AZEELE ST.
TAMPA, FL 33606
6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed):
VANESSA N. COHN, ESQ.
1110 N. FLORIDA AVENUE
(P.O. Box or personal mailbox NOT acceptable)
TAMPA, FL 33602

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, chairman or vice chairman of the board)

TYLER D. REIBER, PRES.
(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. On 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.*


(Signature of Registered Agent)

4/22/03
(Date)

VANESSA N. COHN
If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
2003 MAY -5 PM 12:28