

Linsey Parsons O.D. P.A.  
Requestor's Name

P98000098617  
Tampa FL 33624  
City/State/Zip Phone #

Office Use Only

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

- \_\_\_\_\_  
(Corporation Name) (Document #)
- \_\_\_\_\_  
(Corporation Name) (Document #)
- \_\_\_\_\_  
(Corporation Name) (Document #)
- \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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00 MAR 13 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 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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3-13-00  
2006

Examiner's Initials	
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**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: LINSEY/ PARSONS, A.D., P.A.

2. The mailing address of the corporation is: 5512 REFLECTIONS BLVD  
LUTZ, FL 33549

3. Date of incorporation/qualification: 11/23/98 Document number: P98000098617

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

CSC

PO Box 591

WILMINGTON, DE 19899-0591

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

NICOLE LINSEY/ PARSONS

5512 REFLECTIONS BLVD

LUTZ, FL 33549

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.

Nicole Linsey Parsons

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

3/8/00

(Date)

NICOLE LINSEY/ PARSONS

PRESIDENT

(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.

Nicole Linsey Parsons

(Signature of Registered Agent)

3/8/00

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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