

P9 8000103081

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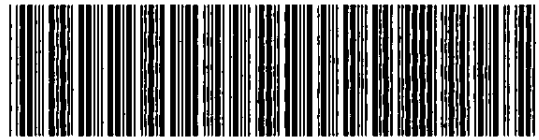
(Business Entity Name)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 19, 2010

C. RANDOLPH COLEMAN  
9250 BAYMEADOWS RD., SUITE 450  
JACKSONVILLE, FL 32256

SUBJECT: BERGE MARCARIAN, M.D., P.A.  
Ref. Number: P98000103087

We have received your document for BERGE MARCARIAN, M.D., P.A. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

There is a balance due of \$10.00.

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) 245-6880.

Karen Gibson  
Document Specialist Supervisor

Letter Number: 110A00001432

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TALLAHASSEE, FLORIDA  
DIVISION OF STATE

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Berge Marcarian, M.D., P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P98000103087

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:

C. Randolph Coleman  
Name of Contact Person

Firm/Company

9250 Baymeadows Road, Suite 450  
Address

Jacksonville, FL 32256  
City/State and Zip Code

giangrecokaren@thecolemanlawfirm.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

C. Randolph Coleman at ( 904 ) 448-1969  
Name of Contact Person 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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Berge Marcarian, M.D., P.A.
2. The principal office address: 4551 U.S. 90 West, Suite 101  
Lake City, FL 32055
3. The mailing address (if different): P. O. Box 1359  
Lake City, FL 32056
4. Date of incorporation/qualification: 12/09/1998 Document number: P98000103087
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)

Berge Marcarian, M.D.

4551 W. US 90, Suite 101

Lake City, FL 32055

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

C. Randolph Coleman

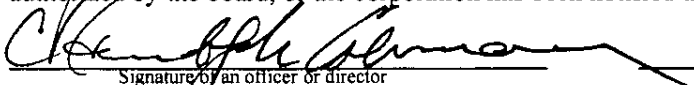
9250 Baymeadows Road, Suite 450

P.O. Box NOT acceptable

Jacksonville, FL 32256

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

C. Randolph Coleman  
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.*

  
Signature of Registered Agent

12/28/09  
Date

If signing on behalf of an entity:

C. Randolph Coleman  
Typed or Printed Name

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

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

CR2E045 (8/05)

FILED  
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TALLAHASSEE, FLORIDA