

P990000000556

Requester's Name

MORTON D. GRANT, M.D.  
Darwin Square Shopping Center  
3241 S.W. PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34953

FILED  
99 JAN 22 AM 8:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Office Use Only

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

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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☐ Mail out ☐ Will wait

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☐ Certificate of Status

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-01/22/99--01089--006  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☒ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

RA Chg.  
VS JAN 28 1999

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

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

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.

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1. The name of the corporation is: Morton D. Grant M.D., P.A.
2. The mailing address of the corporation is: 3D Bella Vista, 1127 Seminole East,  
Jupiter, Florida 33477
3. Date of incorporation/qualification: Jan 4, 1999 Document number: P99000000556
4. The name and address of the current registered agent and office:

Corporation Service Company  
1201 Hays Street  
Tallahassee, Florida 32301

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

Morton D. Grant M.D.  
3D Bella Vista, 1127 Seminole East  
Jupiter, Florida 33477

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.

X M. Grant M.D.  
(Signature of an officer, chairman or vice chairman of the board)

X 1/20/99  
(Date)

Morton D. Grant M.D. - President  
(Printed or typed name and title)

X 1/20/99  
(Date)

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.

X M. Grant M.D.  
(Signature of Registered Agent)

X 1/20/99  
(Date)

If signing on behalf of an entity:

Morton D. Grant M.D.  
(Typed or Printed Name)

Registered Agent  
(Capacity)