

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Marion Medical Park, Inc.

Name of Corporation

DOCUMENT NUMBER: P99000001238

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:

Victoria Morrison

Name of Contact Person

Bricks & Mortar Property Management

Firm/Company

520 E Fort King St. Unit A-2

Address

Ocala, FL 34471

City/State and Zip Code

vicky@bamocala.com

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

For further information concerning this matter, please call:

Victoria Morrison

Name of Contact Person

at (352) 362-8888

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 26, 2017

VICTORIA MORRISON
520 E FORT KING STREET
UNIT A-2
OCALA, FL 34471

SUBJECT: MARION MEDICAL PARK, INC.
Ref. Number: P99000001238

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 617A00026072

18 JAN 16 AM 7:56

**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: Marion Medical Park, Inc.
2. The principal office address: 1040 SW 2nd Ave, Ocala, FL 34474
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/04/1999 Document number: P99000001238

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)

EHLERS, HENRY A

2100 SE 17 STREET SUITE 802

OCALA, FL 34474

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

VICTORIA MORRISON

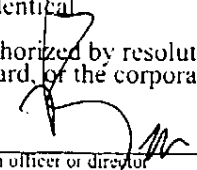
520 E FORT KING ST. UNIT A-2

P.O. Box NOT acceptable

OCALA, FL 34471

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

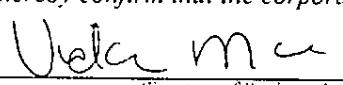


Signature of an officer or director

RAMABHADRAN VASUDEVAN

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

12/11/2017

Date

If signing on behalf of an entity:

VICTORIA MORRISON

Typed or Printed Name

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

FILED
2018 JAN 15 PM 3:45