P99000013297

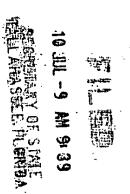
	(Re	- equestor's Name	e) · .
	(Ac	ldress)	· · · · · · · · · · · · · · · · · · ·
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Certifi	ied Copies	Certificat	es of Status
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Office Use Only



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C.COULLIETTE

JUL 1 3 2010

EXAMINER

COVER LETTER

	ent Section of Corporations		• •				
		:]		
SUBJECT:	DOCTOR	<u>RS R US WA</u>			<u> C </u>	•	
-		Name of (Corporation	1 			
DOCUMENT NI	UMBER:	P99	9000013	297		-	
The enclosed State	ement of Change of	of Registered Offi	ce/Agent a	nd fee are sul	mitted for f	iling.	
Please return all c	orrespondence con	cerning this matte	er to the fol	llowing:	·		
		-					
	-	KENNETH Name of C	Ontact Person	LA on		-	•
		Name of C	omaci i cis	on .	•		
		Firm/C	Company		1		
		-		• •			*.
	6821	W HILLSBOR	OUGH A\	/E SUITE	19		
			dress			•	
* <u>-</u>	•						
	•	TAMPA FLO	ORIDA 33	3634			
		City/State	and Zip Co	de		-	
	A A	NA@KENNEDE	ECLOP	AL COM			
• • • • • • • • • • • • • • • • • • • •	E-mail address	(to be used for	future ann	ual report n	otification)		
	· ·						
For further inform	nation concerning t	hie motter: please	colle .		†· ·		,
Tor further inform	iation concerning (inis matter, please	Çaii.		1 . + 1		
	INGRID PERE		at (<u>813) </u>		1-9185	
Na	ime of Contact Per	rson	Are	ea Code & D	aytime Tele	phone Nu	mber
Enclosed is a \$35.	.00 check made pa	vable to the Depa	rtment of S	tate.	;		
		,	÷				
	Mailing Ad	dress.		Street Addr	: '224'		
-	Amendme	nt Section		Amendmen	t Section		
	*	f Corporations	٠.	Division of	: •	ons	
·:	P.O. Box 6	· -	• •	Clifton Bui		m Cinala	٠.
·. •	i aiianasse	e, FL 32314	•	2661 Executable Tallahasse			
44				, # 4	5, 12 5250	•	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	e provisions of sections 607.0502, 617.0502, 607:1508, or 617 nange is submitted for a corporation organized under the laws			· ·
	ler to change its registered office or registered agent, or both,			
1. The name of	f the corporation: DOCTORS R US WALK-IN CI	LINIC, IN	<u>C. </u>	
2. The principa	al office address: 6821 W HILLSBOROUGH AVE SU	ITE 19 TAN	MPA, FLORI	DA 3363
			·	
3. The mailing	address (if different): P.O.BOX 15579 TAMPA, FLOR	RIDA 33684	4	·
		<u>;</u> 1		
4. Date of inco	rporation/qualification: 02/08/1999 Document nu	imber:	p99000013	297 .
	nd street address of the current registered agent and registered artment of State: (If resigned, enter resigned)	office on file	with the	•
	GIL A. ADORNO (RESIGNED)	٠.		
	9614 ROYCE DRIVE	. !		*
	TAMPA, FL 33626	· · · ·		
6. The name ar (if changed)	nd street address of the new registered agent (if changed) and :	/or registered	office a	
	KENNETH SHOBOLA		9	
-	8001 N. DALE MABRY HWY BLDG 701-801	· · ·		
•	P.O. Box NOT acceptable TAMPA, FL 33614	: .	• •	
· •	· · · · · · · · · · · · · · · · · · ·			
The street add as changed wi	ress of its registered office and the street address of the bus	iness office o	f its registered	agent,
Such change vauthorized by	was authorized by resolution duly adopted by its board of d the board) of the corporation has been notified in writing of	irectors or by f the change.	an officer so	
Signa	KENNETH Printer	SHOBOLA d or typed name ar	(PRESIDEN	<u>IT)</u>
I hereby accept further agree of my duties, a document is be corporation he	of the appointment as registered agent and agree to act in the to comply with the provisions of all statutes relative to the and I am familiar with and accept the obligation of my posieing filed metely to reflect a change in the registered office as been notified in writing of this change.	his capacity. proper and capacity tion as registe address, I he	complete perfor ered agent. Or ereby confirm ti	mance if this at the
	ignature of Registered Agent	07/03/201	10	
	pehalf of an entity:	Pate	•	
	Typed or Printed Name		•	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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