

P99000013297

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C. COULLIETTE

JUL 13 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DOCTORS R US WALK-IN CLINIC, INC
Name of Corporation

DOCUMENT NUMBER: P99000013297

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:

KENNETH SHOBOLA
Name of Contact Person

Firm/Company

6821 W HILLSBOROUGH AVE SUITE 19
Address

TAMPA FLORIDA 33634
City/State and Zip Code

ANA@KENNEDEEGLOBAL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

INGRID PEREZ at (813) 484-9185
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: DOCTORS R US WALK-IN CLINIC, INC.
2. The principal office address: 6821 W HILLSBOROUGH AVE SUITE 19 TAMPA, FLORIDA 33634
3. The mailing address (if different): P.O. BOX 15579 TAMPA, FLORIDA 33684
4. Date of incorporation/qualification: 02/08/1999 Document number: p99000013297
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)

GIL A. ADORNO (RESIGNED)

9614 ROYCE DRIVE

TAMPA, FL 33626

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

KENNETH SHOBOLA

8001 N. DALE MABRY HWY BLDG 701-801

P.O. Box NOT acceptable

TAMPA, FL 33614

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

KENNETH SHOBOLA (PRESIDENT)

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

07/03/2010

Date

If signing on behalf of an entity:

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)