Electronic Filing Cover Sheet

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(((H110002035503)))



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Division of Corporations
Fax Number : (850)617-6380

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Account Number : 076424003301
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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REGISTERED AGENT CHANGE ARLEIGH I. ANCHETA, D.O., P.A.

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Electronic Filing Menu

Corporate Filing Menu

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(((H11000203550 3))) 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: Arleigh I. Ancheta, D.O., P.A.  |
| 2. The principal office address: 4419 Rowan Road, New Port Richey, Florida 34652  |
| 3. The mailing address (if different):  |
| 4. Date of incorporation/qualification: 2/25/99 Document number: P99000018291   |
| 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)  |
| Richard O. Jacobs   |
| 200 Central Avenue, Suite 1600  |
| St. Petersburg, Florida 33701   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):   |
| TK Registered Agent, Inc.   |
| 101 E. Kennedy Boulevard, Suite 2700  |
| P.O. Box NOT acceptable   |
| Tampa, Florida 33602  |
| 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.   |
| Arleigh Ancheta, President Signature of an officer or director Printed or typed name and bitte  |
| 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 potified in writing of this change.  TK Registered Agen), Inc. |
| By: August 15, 2011 Segisture of Registered Agent Dute  |
| If signing on behalf of an entity:  |
| Nelson J. Castellano Typed or Printed Name  |
| * * * FILING FEE: \$35.00 * * *   |
| MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  |

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