

PPH0000 58907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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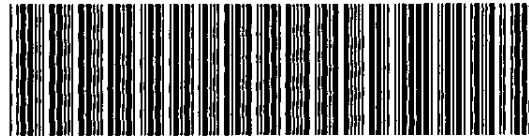
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** OB/GYN SPECIALISTS OF THE EMERALD COAST  
Name of Corporation

**DOCUMENT NUMBER:** P99000058907

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:

CANDACE COOLEY  
Name of Contact Person

OB/GYN SPECIALIST OF THE EMERALD COAST, P.A.  
Firm/Company

1025 N. BEAL PARKWAY, SUITE C  
Address

FORT WALTON BEACH, FL 32547  
City/State and Zip Code

obgyn32547@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CANDACE COOLEY at ( 850 ) 862-1800  
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: OB/GYN SPECIALISTS OF THE EMERALD COAST, P.A.

2. The principal office address: 1025 N. BEAL PKWY., SUITE C  
FORT WALTON BEACH, FL 32547

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 06/23/1999 Document number: P99000058907

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)

MCINNIS, C. JEFFREY  
909 MAR WALT DRIVE, SUITE 1014  
FORT WALTON BEACH, FL 32547 US

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

CANDACE COOLEY MD  
1025 N. BEAL PKWY., SUITE C  
P.O. Box NOT acceptable  
FORT WALTON BEACH, FL 32547

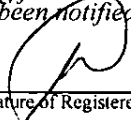
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

\_\_\_\_\_  
Signature of an officer or director CANDACE COOLEY 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 12/01/10  
Date

If signing on behalf of an entity:  
CANDACE COOLEY  
Typed or Printed Name

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