

P99000076409

Requester's Name

KEITH THOMPSON, M.D., P.A.
2344 Bee Ridge Road
Suite 104
Sarasota, Florida 34239

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #) 800005366828--3
-04/29/02--01042--019
*****35.00 *****35.00
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☒ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

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02 APR 29 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

AN 5/6

**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,
the undersigned corporation organized under the laws of the State of Florida
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.

1. The name of the corporation : KEITH THOMPSON, M.D., P.A.
2. The mailing address of the corporation : 2344 BEE Ridge Rd. #104
Sarasota, Fla. 34239
3. Date of incorporation/qualification: 1996 Document number: P99000076409

4. The name and address of the current registered agent and office:

Andrew R. Rock % Buchanan Ingersoll P.C.
401 E. Jackson St. Suite #2500
Tampa Fla 33602

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

KEITH THOMPSON, M.D.
2344 BEE Ridge Rd #104
Sarasota, Fla. 34239

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

Keith Thompson, M.D.
(Signature of an officer, chairman or vice chairman of the board)

4-15-02
(Date)

KEITH THOMPSON, MD, President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated
corporation, 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.

Keith Thompson M.D.
(Signature of Registered Agent)

4-15-02
(Date)

If signing on behalf of an entity:

KEITH THOMPSON, M.D., P.A.
(Typed or Printed Name)

President
(Capacity)

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

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