

585161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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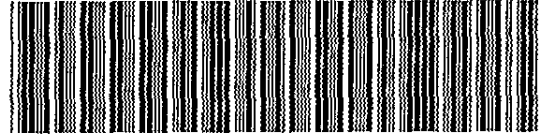
(Business Entity Name)

(Document Number)

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LAW OFFICES OF
DUNLAP & MORAN, P.A.

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August 26, 2003

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ALSO LICENSED IN
COLORADO AND MICHIGAN
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5596-4

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: **John M. Westafer, M.D., P.A.**

Dear Sir/Madam:

Enclosed for filing herewith please find a Statement of Change of Registered Agent on behalf of the above-referenced Corporation. Also **enclosed** please find a check in the amount of \$35.00 to cover the filing fee for said change. Please file this document upon your receipt and return confirmation of filing to the undersigned.

Thank you. If you should have questions regarding the **enclosed**, please contact the undersigned.

Very truly yours,

DUNLAP & MORAN, P.A.


Rebecca J. Proctor, Esq.

RJP:jls/5596-4/DeptofState Ltr 082503
Enclosures

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: John Westafer, M.D., P.A.
2. The principal office address: 1069 Laguna Lane
Gulf Breeze, FL 32561
3. The mailing address (if different): same
4. Date of incorporation/qualification: 10/4/1991 Document number: 585161
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

J. Lofton Westmoreland
Sun Bank Tower, 9th Floor
220 W. Garden Street
Pensacola, FL 32501

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

John A. Moran
22 S. Links Avenue, Suite 300
(P.O. Box or personal mailbox NOT acceptable)
Sarasota, FL 34231

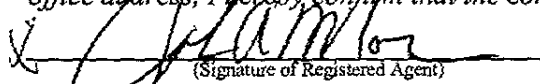
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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, chairman or vice chairman of the board)

John Westafer, M.D., 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)

8/26/03
(Date)

If signing on behalf of an entity:

John A. Moran
(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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