

299931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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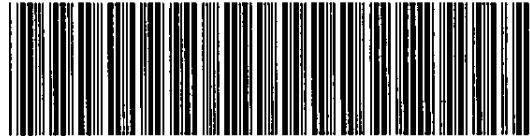
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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MAR 16 2016

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Cardiac Consultants, Inc.
Name of Corporation

DOCUMENT NUMBER: S99934

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:

Mark Spetsios

Name of Contact Person

Florida Cardiac Consultants

Firm/Company

1540 S. Tamiami Trail, Suite 401

Address

Sarasota, FL 34239

City/State and Zip Code

marks@flcardiac.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Spetsios

Name of Contact Person

at 941 917-0060

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: Florida Cardiac Consultants, Inc.
2. The principal office address: 1540 S. Tamiami Trail, Suite 401, Sarasota, FL 34239
3. The mailing address (if different): same
4. Date of incorporation/qualification: 12/15/1991 Document number: S99934
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)

Steven D. Hutton, Esquire
240 S. Pineapple Ave., Suite 801
Sarasota, FL 34236


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

Steven D. Hutton, Esquire
2639 Fruitville Road, Suite 302
P.O. Box NOT acceptable
Sarasota, FL 34237

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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

James J. Fox, 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

3/9/16

Date

If signing on behalf of an entity:

Steven D. Hutton

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 (03/12)