

V 17850

Requester's Name _____

Address _____

City/State/Zip _____ Phone # _____

Christy D. Cugini, Jr. M.D. P.A.
3920 Bee Ridge Road
Bldg. E, Suite B
Sarasota, FL 34233

FILED
00 SEP 11 AM 8:33
TALLAHASSEE, FLORIDA

Office Use Only

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

800003388058--6
-09/11/00--01086--013
*****35.00 *****35.00

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
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

ROA change
9-21-00
RMS

AMENDMENTS

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

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

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

Examiner's Initials

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 FL 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 : HORIZON MEDICAL Group, P.A.

2. The mailing address of the corporation : 3920 BEE RIDGE RD
Bldg E, Suite B, SARASOTA, FL 34233

3. Date of incorporation/qualification: 3-2-92 Document number: V17850

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

CHRISTY D. CUGINI JR. M.D.
3920 Bee Ridge Rd Bldg. E, Suite B
Sarasota, FL 34233

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

Christy D. Cugini, Jr. M.D.
3920 Bee Ridge Road Building E, Suite B
Sarasota, FL 34233

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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.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

9/5/00
(Date)

CHRISTY D. CUGINI JR. M.D. P.A.
(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.

[Signature]
(Signature of Registered Agent)

9/5/00
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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