

V36385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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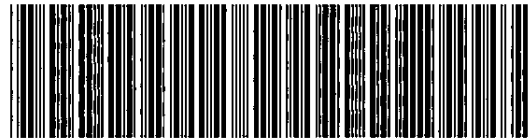
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FLAGLER MEDICAL MANAGEMENT, INC.  
Name of Corporation

**DOCUMENT NUMBER:** V36385

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:

John M. Kirby  
Name of Contact Person

Flagler Medical Management, Inc.  
Firm/Company

7360 Coral Way - Suite 8  
Address

Miami, Florida 33155  
City/State and Zip Code

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

For further information concerning this matter, please call:

John M. Kirby at ( 305 ) 269-0787  
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: Flagler Medical Management, Inc.
2. The principal office address: 7360 Coral Way, Suite 8, Miami, Florida 33155
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 05/13/1992 Document number: V36385
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)

John M. Kirby  
2500 S.W. 75th Avenue  
Miami, Florida 33155

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

John M. Kirby  
7360 Coral Way - Suite 8  
P.O. Box NOT acceptable  
Miami, Florida 33155

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TALLAHASSEE, FLORIDA

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.

John M. Kirby  
Signature of an officer or director

John M. Kirby - Secretary/Treasurer  
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.*

John M. Kirby  
Signature of Registered Agent

9-27-2010  
Date

If signing on behalf of an entity:

Flagler Medical Management, Inc.  
Typed or Printed Name

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