

V58206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

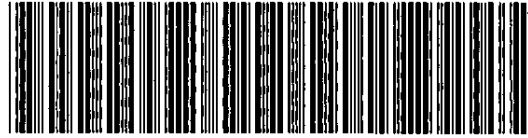
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS

MAY 29 2015

C LEWIS

May 20, 2015

**VIA US MAIL**

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

Re: **Family Physicians of Winter Park, P.A.**

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
2. \$35 Corp to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,

Ryan DeAnda  
REGISTERED AGENT SOLUTIONS, INC.  
1701 Directors Blvd., Suite 300  
Austin, TX 78744

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FAMILY PHYSICIANS OF WINTER PARK, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** V58206

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:

Ryan DeAnda  
Name of Contact Person

Registered Agent Solutions Inc.  
Firm/Company

1701 Directors Blvd Ste. 300  
Address

Austin Tx 78744  
City/State and Zip Code

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

For further information concerning this matter, please call:

Ryan DeAnda at ( 888 ) 705-7274  
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: FAMILY PHYSICIANS OF WINTER PARK, P.A.  
2. The principal office address: 6416 Old Winter Garden Rd. Orlando, FL 32835 USA  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 08/18/1992 Document number: V58206

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)

RAILEY HARDING & ALLEN, P.A.  
15 N EOLA DRIVE  
ORLANDO, FL 32801

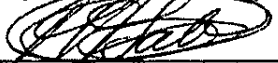
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agent Solutions Inc.  
155 Office Plaza Dr. Suite A  
P.O. Box NOT acceptable  
Tallahassee, FL 32301

15 MAY 26 AM 8:19  
DIVISION OF CORPORATIONS


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

Imtiaz Sattar, President & CEO  
\_\_\_\_\_  
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

05/20/2015  
\_\_\_\_\_  
Date

If signing on behalf of an entity:  
Jaclyn Wright, Asst. Secretary  
\_\_\_\_\_  
Typed or Printed Name

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