

733862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

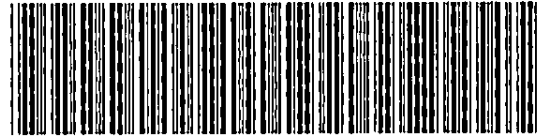
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700427654157

2024 APR 19 PM 12:44  
FILED  
STATE  
FL

2024 APR 19 AM 10:10  
RECEIVED  
OFFICE OF THE CLERK  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

AB

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 04/19/2024

**\*\*WALK IN\*\***

ENTITY NAME EMERGENCY MEDICAL ASSISTANCE, INC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXXXX  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Plain Copy*  
*Certified Copy*  
*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Certified Copy of Arts & Amendments*  
*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$35

ACCOUNT #: I20160000072

*S. R. JNO*

Please call Tina at the above number for any issues or concerns. Thank you so much!



**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: EMERGENCY MEDICAL ASSISTANCE, INC.
- 2. The principal office address: 142 LOST BRIDGE DR. PALM BEACH GARDENS, FL 33410
- 3. The mailing address (if different): PO BOX 33552 PALM BEACH GARDENS, FL 33420
- 4. Date of incorporation/qualification: 09/18/1975 Document number: 733862
- 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)

HALPERN, MARCIA  
142 LOST BRIDGE DR  
PALM BEACH GARDENS, FL 33410


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

Registered Agents Inc  
7901 4th St N STE 300  
P.O. Box NOT acceptable  
St. Petersburg FL 33702

FILED  
 2024 APR 19 PM 12:44  
 STATE

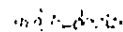
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Katie Steffen, 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

04/10/2024  
 Date

If signing on behalf of an entity:

David Roberts  
 Typed or Printed Name

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