

# F22000000586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

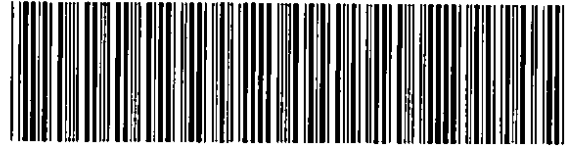
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500411739515

FILED RECEIVED  
2023 AUG - 7 AM 9: 47 2023 AUG - 7 AM 9: 43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA TALLAHASSEE, FLORIDA

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 08/07/2023

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

ENTITY NAME ONCOHEALTH MEDICAL GROUP, P.A., INC.

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

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

XXXXXXXX

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

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

- \_\_\_\_\_ *Certified Copy of Arts & Amendments*
- \_\_\_\_\_ *Certificate of Good Standing*

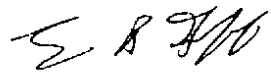
**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

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

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

TOTAL OWED \$35

ACCOUNT #: 120160000072



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

# COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ONCOHEALTH MEDICAL GROUP, P.A., INC.  
Name of Corporation

**DOCUMENT NUMBER:** F22000000586

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:

V. LAWRENCE

Name of Contact Person

HARBOR COMPLIANCE

Firm/Company

1830 COLONIAL VILLAGE LANE

Address

LANCASTER, PA 17601

City/State and Zip Code

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

For further information concerning this matter, please call:

V. LAWRENCE

Name of Contact Person

at ( 717 ) 844 3994

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 8, 2023

SUNSHINE STATE

**CORRECTED**  
**Please Allow For**  
**Same File Date**

SUBJECT: ONCOHEALTH MEDICAL GROUP, P.A., INC.  
Ref. Number: F22000000586

We have received your document for ONCOHEALTH MEDICAL GROUP, P.A., INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FOREIGN PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 723A00017860

RECEIVED  
2023 AUG -8 PH 3: 22  
REGISTRATION OFFICE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

**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 UTAH in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ONCOHEALTH MEDICAL GROUP, P.A., INC.  
2. The principal office address: 7000 CENTRAL PARKWAY SUITE 1750, ATLANTA, GA 30328

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 01/28/2022 Document number: F22000000586

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)

CAPITOL CORPORATE SERVICES, INC  
515 E PARK AVE, 2ND FL  
TALLAHASSEE, FL 32301

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

REGISTERED AGENTS INC  
3030 N. Rocky Point Dr. STE 150  
TAMPA, FL 33607  
P.O. Box NOT acceptable

CLERK OF STATE  
TALLAHASSEE, FLORIDA

2023 AUG -7 AM 9:47

FILED

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.

/S/DR DAN ZUCKERMAN  
Signature of an officer or director

DR DAN ZUCKERMAN/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.*

/S/BILL HAVRE  
Signature of Registered Agent

AUGUST 8 2023  
Date

If signing on behalf of an entity:

BILL HAVRE/ASSISTANT SECRETARY  
Typed or Printed Name

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