

N45708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

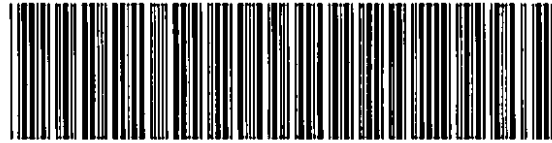
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Memory Disorder Clinic, Inc.

Name of Corporation

**DOCUMENT NUMBER:** N45708

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:

Kim Nowakowski

Name of Contact Person

Health First, Inc.

Firm/Company

6450 US Highway 1

Address

Rockledge, FL 32955

City/State and Zip Code

kimberly.nowakowski@health-first.org

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

RECEIVED  
FLORIDA DEPARTMENT OF  
STATE  
JAN 10 2006

For further information concerning this matter, please call:

Kim Nowakowski

Name of Contact Person

321 434-4378

at ( )

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: Memory Disorder Clinic, Inc.
2. The principal office address: 3661 S. Babcock Street, Melbourne, FL 32901
3. The mailing address (if different): 6450 US Highway 1, Rockledge, FL 32955
4. Date of incorporation/qualification: 10/21/1991 Document number: N45708
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)
- David E. Mathias, resigned
- 6450 US Highway 1
- Rockledge, FL 32955
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- Nicholas W. Romanello, Esq.
- 6450 US Highway 1
- Rockledge, FL 32955
- P.O. Box NOT acceptable

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STATE  
JUL 21 2017  
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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.

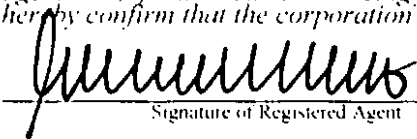
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Joseph G. Felkner, VP

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

July 3, 2017  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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