

N9600005806

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : REGISTERED AGENT SOLUTIONS INC
Account Number : I20100000062
Phone : (888)705-7274
Fax Number : (888)706-7274

2020 AUG 28 A 9:48

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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REGISTERED AGENT CHANGE
THE CERTIFYING COMMISSION IN MEDICAL MANAGEMENT,
INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Y. SULKER.
AUG 31 2020

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE CERTIFYING COMMISSION IN MEDICAL MANAGEMENT, INC.
Name of Corporation

DOCUMENT NUMBER: N96000005806

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:

Mary Castillo
Name of Contact Person
Registered Agent Solutions, Inc.
Firm/Company
1701 Directors Blvd. Suite 300
Address
Austin, Texas 78744
City/State and Zip Code

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

For further information concerning this matter, please call:

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

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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: THE CERTIFYING COMMISSION IN MEDICAL MANAGEMENT, INC.

2. The principal office address: 400 NORTH ASHLEY DRIVE SUITE 400 TAMPA, FL 33602

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/08/1996 Document number: N96000005806

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)

ANGOOD, PETER B. MD
400 NORTH ASHLEY DRIVE SUITE 400
TAMPA, FL 33602

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
Tallahassee, FL 32301
P.O. Box NOT acceptable

2020 AUG 28 11:41:18

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.

Angood MD
Angood MD Aug 27, 2020 10:21:40:7

Signature of an officer or director

Peter Angood, 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.

Mackenzie Hart

Signature of Registered Agent

08/25/2020

Date

If signing on behalf of an entity:
Mackenzie Hart, Assistant Secretary

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)