

PO91000063694

(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



600300829986

06/30/17--01005---005 **35.00

JUL 08 2017
S. YOUNG

SECTION 190.01, F.S.
TALLAHASSEE, FLORIDA

17 JUL 30 PM 12:28

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Central Florida Injury Southwest, INC
Name of Corporation

DOCUMENT NUMBER: P09000063694

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:

Ann Bittinger

Name of Contact Person

The Bittinger Law Firm.

Firm/Company

13500 Sutton Park Dr. S. Suite 201

Address

Jacksonville, FL 32224

City/State and Zip Code

ann@bittingerlaw.com

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

For further information concerning this matter, please call:

Ann Bittinger

Name of Contact Person

at (904) 821-9000

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: Central Florida Injury Southwest, INC
2. The principal office address: 882 South Kirkman Rd, Suite 101
Orlando, FL 32811
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/27/2009 Document number: P09000063694

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)

Jerold Fadem, Sr., M.D.

8719 Summerville Place

Orlando, FL 32819

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

Kristal Fadem

8719 Summerville Place

P.O. Box NOT acceptable

Orlando, FL 32819

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.

Kristal Fadem
Signature of an officer or director

Kristal Fadem, 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.

Kristal Fadem
Signature of Registered Agent

6-28-17
Date

If signing on behalf of an entity:

Kristal Fadem

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 (03/12)

FILED
JUN 30 PM 12:28
TALLAHASSEE, FLORIDA