

P11000079217

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000195476 3)))



H140001954763ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCAG00000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

Email Address: _____

RECEIVED

14 AUG 19 PM 2:26

STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED

14 AUG 19 AM 10:35

REGISTERED AGENT CHANGE
ACCESS MEDICAL GROUP OF PERRINE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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: Access Medical Group of Perrine, Inc.
2. The principal office address: 777 Brickell Avenue, Suite 1070, Miami, FL 33131

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/07/2011 Document number: P11000079217

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)

Mark Feluren, Esq.
200 E. Broward Blvd., Suite 1110
Fort Lauderdale, Florida 33301

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

CT Corporation System
1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

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]
Signature of incorporator or director

Roberto Palenzuela, Chief Operating Officer
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]
Signature of Registered Agent

8/19/2014
Date

If signing on behalf of an entity:

Kristin Bolden
Assistant Secretary
Typed or Printed Name

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

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR28045 (03/12)

14 AUG 19 AM 10:35
CORPORATION