

PI 70000 92215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

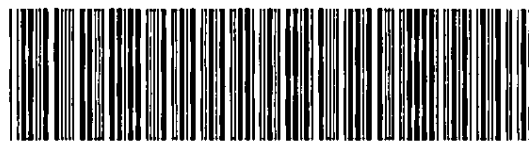
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

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

**DOCUMENT NUMBER:** P17000092215

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:

SANDRA WINDSOR

Name of Contact Person

WALTER S SANDERS & ASSOCIATES PA

Firm/Company

16528 N DALE MABRY HWY

Address

TAMPA, FLORIDA 33618

City/State and Zip Code

SANDI@WALTERSANDERS.COM ✓

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

For further information concerning this matter, please call:

SANDRA WINDSOR

Name of Contact Person

at ( 813 ) 961-0094

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: SICKNELL MEDICAL GROUP, P.A.
2. The principal office address: 6405 WEST GULF TO LAKE HIGHWAY  
CRYSTAL RIVER, FL 34429
3. The mailing address (if different): PO BOX 2066  
LECANTO, FL 34460
4. Date of incorporation/qualification: 11/16/2017 Document number: P17000092215
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)

EDWARD J. SERRA, CPA PLLC

6118 W CORPORATE OAKS DRIVE

CRYSTAL RIVER, FL 34429

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

WALTER S. SANDERS

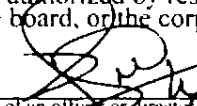
16528 N DALE MABRY HWY

P.O. Box NOT acceptable

TAMPA, FL 33618

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

DACELIN ST. MARTIN, M.D. D

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

11/13/2018  
Date

If signing on behalf of an entity:

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

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