

# F16000004435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

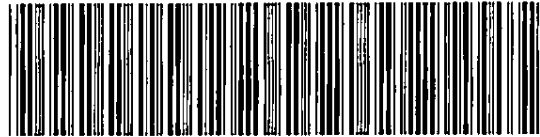
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

*RA Change*

MAY 30 2023  
D CUSHING

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PATH MEDICAL CENTER HOLDINGS, INC.  
Name of Corporation

**DOCUMENT NUMBER:** F16000004435

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:

Darleen McEwen

Name of Contact Person

PATH MEDICAL ACQUISITION COMPANY INC

Firm/Company

2304 W OAKLAND PARK BLVD

Address

FT LAUDERDALE, FL 33311

City/State and Zip Code

notices@pathmedical.com

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

For further information concerning this matter, please call:

Darleen McEwen

Name of Contact Person

at ( 954 )

735-6584

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: PATH MEDICAL CENTER HOLDINGS, INC.  
2. The principal office address: 2304 West Oakland Park Boulevard, Fort Lauderdale, FL 33311

3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 10/04/2016 Document number: F16000004435  
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)

CT CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

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

PATH MEDICAL ACQUISITION COMPANY INC

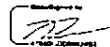
2304 W OAKLAND PARK BLVD

P.O. Box NOT acceptable

FT LAUDERDALE, FL 33311

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.



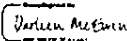
Signature of an officer or director

Rob Adams

CEO

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

3/2/2023

Date

If signing on behalf of an entity:

Darleen McEwen

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)

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