

733862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

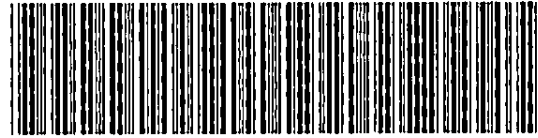
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

AB

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 04/19/2024

****WALK IN****

ENTITY NAME EMERGENCY MEDICAL ASSISTANCE, INC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$35

ACCOUNT #: I20160000072

S. R. JNO

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EMERGENCY MEDICAL ASSISTANCE, INC.
Name of Corporation

DOCUMENT NUMBER: 733862

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:

Lauren Flores
Name of Contact Person

Labyrinth, Inc.
Firm/Company

1830 Colonial Village Ln
Address

Lancaster, PA, 17601
City/State and Zip Code

corporate@labyrinthinc.com

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

For further information concerning this matter, please call:

Lauren Flores at (717) 844-9862

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

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: EMERGENCY MEDICAL ASSISTANCE, INC.
- 2. The principal office address: 142 LOST BRIDGE DR. PALM BEACH GARDENS, FL 33410
- 3. The mailing address (if different): PO BOX 33552 PALM BEACH GARDENS, FL 33420
- 4. Date of incorporation/qualification: 09/18/1975 Document number: 733862
- 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)

HALPERN, MARCIA
142 LOST BRIDGE DR
PALM BEACH GARDENS, FL 33410

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

Registered Agents Inc
7901 4th St N STE 300
P.O. Box NOT acceptable
St. Petersburg FL 33702

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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

Katie Steffen, 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.


 Signature of Registered Agent

04/10/2024
 Date

If signing on behalf of an entity:

David Roberts
 Typed or Printed Name

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