Division of Corporations Electronic Filing Cover Sheet

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(((H230000510153)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077

Fax Number

: (845)818-3588

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

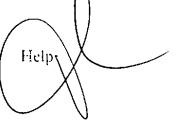
Email Address:_adegroat@vcorpservices.com

REGISTERED AGENT CHANGE CORTEZ FOOT & ANKLE SPECIALISTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



To: FL DIVISION OF CORPORATIONS

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

•	-	H7.0502, 607-1508, or 617,1508, Florida Stan n organized under the laws of the State of <mark>Flor</mark> i	
•	•	r registered agent, or both, in the State of Flori	
1. The name of t	he corporation: CORTEZ FOOT &	& ANKLE SPECIALISTS, INC.	
7. The mincinal	office address: 1800 CORTEZ RD	. W.BRADENTON, FL 34207-1335	
s. The principal			
4. Date of incorp	oration qualification: $\frac{03/03/1975}{1}$	Document number: 471306	
	street address of the current regis iment of State: (If resigned, enter	stered agent and registered office on file with the tesigned)	າຍ
	C T Corporation System		20
	1200 South Pine Island Road		2023 FEB -8
	Plantation, FL 33324		B - 8
Plantation, FL 33324 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		AN SEE.	
	Vcorp Services, LLC		39 F-
	1200 South Pine Island Road		
		P.O. Box NOT acceptable	
	Plantation, FL, 33324		
The street address changed will	ss of its registered office and the be identical.	street address of the business office of its re-	gistered agent.
		adopted by its board of directors or by an officeen notified in writing of the change.	
	AT SWIND	Matthew Collins, CFO	
unca 🤾	Callin officer of director	Printed or typed frame and fife	
l further agree 1 of my duties, and Joeument is ben	o comply with the provisions of e d Lam familiar with and accept i	gent and agree to act in this capacity, of standes relative to the proper and comple, the obligation of my position as registered agge in the registered office address, I hereby containe.	wnt. Or, if this
Att	<u> </u>	01/30/2023	
) Sign	ature of Registered Agent	Date	
f signing on bel	nalf of an entity:		
Anthony Palazzo	. Assistant Secretary		
ΤŅ	ped 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)