600098

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	:y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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DIVISION OF CORPORATIONS

COVER LETTER

Division of Corporations
SUBJECT: HYLAND AND POLLOCK, M.D., P.A. (Name of Corporation)
DOCUMENT NUMBER: 600098
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:
Charles L. Hoffman, Jr. (Name of Contact Person)
(Name of Contact Person)
Shell, Fleming, Davis & Menge (Firm/Company)
Post Office Box 1831
(Address)
Pensacola, FL 32591 (City/State and Zip Code)
For further information concerning this matter, please call:
Charles L. Hoffman, Jr. at (850) 434-2411 ext. 103 (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** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section

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 Statut statement of change is submitted for a corporation organized under the laws of the State of Florid in order to change its registered office or registered agent, or both, in the State of Florid	rida	_
1. The name of the corporation: HYLAND AND POLLOCK, M.D., P.A.		
2. The principal office address: 1717 North "E" Street, Suite #227 Pensacola, FI	lorida 32	501
3. The mailing address (if different):		
4. Date of incorporation/qualification: 01/03/1962 Document number: 600098		
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:		SEAIG
Caryl H. Hyland		CRET
1717 N. "E" Street		400 J. 1 ASSC
Pensacola, FL 32501	AH II: 38	- 25 - 25 - 25 - 27 - 27 - 27 - 27 - 27 - 27 - 27 - 27
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	: သ	SHONS
Wendy S. Moreland		
1717 N. "E" Street (P.O. Box NOT acceptable)		
Pensacola, FL 32501		
The street address of its registered office and the street address of the business office of its reg as changed will be identical.	istered age	nt,
Such change was authorized by resolution duly adopted by its board of directors or by an offic authorized by the board, or the corporation has been notified in writing of the change.		
Wendy S. Moreland, Pres (Signa(Ge of an officer of director) Wendy S. Moreland, Pres (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 of my duties, and I am familiar with and accept the obligation of my position as registered age document is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change.	e performa ent. Or, if t nfirm that t	nce his he
Wand S. Wash 6/12/06 (Signature of Registered Agent) (Date)		_
If signing on behalf of an entity:		
Wendy S. Moreland (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