

600390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

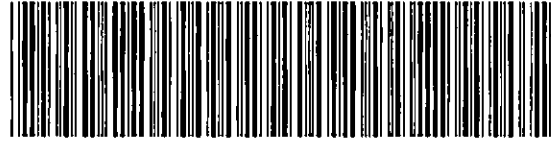
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED

A. BUTLER
JUN 22 2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Southeastern Urological Center, P.A.
Name of Corporation

DOCUMENT NUMBER: 600390

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:

Beth Dyal
Name of Contact Person
Ausley McMullen
Firm/Company
123 S. Calhoun Street
Address
Tallahassee, FL 32301
City/State and Zip Code

merle.barrett@auihealth.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beth Dyal at (850) 425-5319
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.

- The name of the corporation: Southeastern Urological Center, P.A.
- The principal office address: 2000 Centre Pointe Blvd., Tallahassee, FL 32308
- The mailing address (if different): N/A
- Date of incorporation/qualification: 1968 Document number: 600390
- 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)

Robert Pierce
123 S. Calhoun Street
Tallahassee, FL 32301

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

Scott B. Sellinger
2000 Centre Pointe Blvd.
P.O. Box NOT acceptable
Tallahassee, FL 32308

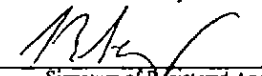
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 Scott B. Sellinger, V.P. & Director
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 June 15, 2022
Date

If signing on behalf of an entity:

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