

603127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

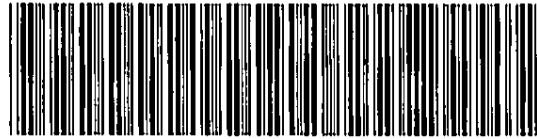
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

J. HORNE
MAY 23 2023

Office Use Only



700409045377

FILED



2023 MAY 22 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2023 MAY 22 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 05/22/23

NAME: FLORIDA ORTHOPAEDIC ASSOCIATES, P.A.

TYPE OF FILING: CHANGE OF RA

COST: 35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



**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: FLORIDA ORTHOPAEDIC ASSOCIATES, P.A.
2. The principal office address: 740 W. Plymouth Avenue, DeLand, FL 32720
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/01/1971 Document number: 603127
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)

Resigned

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

Darren J. Elkind, Esquire

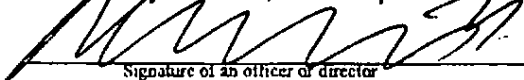
PAUL, ELKIND, BRANZ & PAUL, LLP

P.O. Box NOT acceptable

142 E. New York Avenue, DeLand, FL 32724

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

Mark W. Hollmann, M.D.

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.

Darren J. Elkind

Signature of Registered Agent

May 19, 2023

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

CR2E045 (04/13)

2023 MAY 22 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FL 32314

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA ORTHOPAEDIC ASSOCIATES, P.A.
Name of Corporation

DOCUMENT NUMBER: 603127

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:

Darren J. Elkind, Esquire

Name of Contact Person

PAUL, ELKIND, BRANZ & PAUL, LLP

Firm/Company

142 E. New York Avenue

Address

DeLand, FL 32724

City/State and Zip Code

delkind@paulandelkind.com

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

For further information concerning this matter, please call:

Darren J. Elkind, Esquire

Name of Contact Person

at (386)

734-3020

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