

763524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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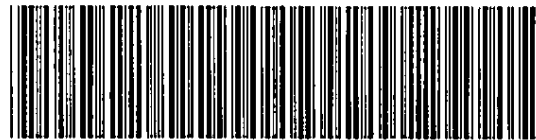
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Jess Parrish Medical Foundation, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 763524

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:

Christie Rimsky

Name of Contact Person

Jess Parrish Medical Foundation, Inc.

Firm/Company

P.O. Box 2969

Address

Titusville, FL 32781

City/State and Zip Code

foundation@parrishmed.com

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

For further information concerning this matter, please call:

Christie Rimsky

Name of Contact Person

at (321)

269-4066

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

**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: Jess Parrish Medical Foundation, Inc.
2. The principal office address: 921 N. Washington Avenue, Parrish Health Village West  
Titusville, FL 32796
3. The mailing address (if different): P.O. Box 2969 Titusville, FL 32781
4. Date of incorporation/qualification: 6/2/1982 Document number: 763524
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)

Misty Wilson

921 North Washington Avenue; Parrish Health Village

Titusville, FL 32796

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

Christie Rinsky

921 North Washington Avenue

P.O. Box NOT acceptable

Titusville, FL 32796

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.

Jessie Das Kirk  
Signature of an officer or director

Jessie Das Kirk, Chair

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.*

Christie Rinsky  
Signature of Registered Agent

February 14, 2020

Date

If signing on behalf of an entity:

Christie Rinsky

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  
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