

767 013

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Triple County Medical Center Condominium
Name of Corporation

DOCUMENT NUMBER: 767013

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:

Kelly Childers
Name of Contact Person

Tri County Orthopaedics
Firm/Company

317 N Mangoustine Ave
Address

Sanford FL 32771
City/State and Zip Code

torthop@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly Childers at (407) 323-2577
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

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Triple County Medical Center Condominium Association, Inc.
2. The principal office address: 317 N Mangoustine Ave
Sanford FL 32771
3. The mailing address (if different): same
4. Date of incorporation/qualification: 2/15/83 Document number: 767013
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)

Howard J Sakowitz MD
2850 Wellness Ave
Orange City FL 32763 } resigned

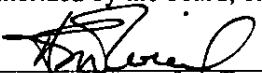
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Narinder Aujla MD
317 N Mangoustine Ave
Sanford FL 32771

P.O. Box NOT acceptable

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

Howard J Sakowitz MD, P
Printed or typed name and title Registered Agent

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

2/19/18
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***