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COVER LETTER

TO: Amendment Section Division of Corporations

CATC MEDSTAFF, P.C. SUBJECT:

Name of Corporation

F12000000030

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:

Jenry Turner

CareATC, Inc.

Firm/Company

Name of Contact Person

4500 S. 129TH E. AVE., STE. 191,

Address

TULSA, OK 74134-5801

City/State and Zip Code

jerrytumer@careatc.com

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

For further information concerning this matter, please call:

Jerry Turner	918	947-6611
•	at ())
Name of Contact Person	Area Code &	z Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

<u>Mailing Address:</u> 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

CR2E045 (03/12)

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STATEMENT OF CILANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the corporation: <u>CATC MEDSTAFF, P.C.</u>

2. The principal office address: 4500 S. 129TH E. AVE., STE. 191, TULSA, OK 74134-5801

3. The mailing address (if different):_

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To:

4. Date of incorporation/qualification: _____

Document number: F1200000030

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)

WENDY WHITE

34650 US Highway 19 North 102

Palm Harbor, FL 34684

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

C T Corporation System

e/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida 33324

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

P.O. Box NOT acceptable

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

Thomas Anderson Printed or typed name and utle

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 mereby to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

C T Corporation System

By: Tennell Kearney, Ternel Kearney, Assistant Secretary Signalize of Registered Agent

<u>12/05/2017</u> Date

If signing on behalf of an entity:

C T Corporation System

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 CR2E043 (03/12)