

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842

Fax Number : (850)878-5368 JUN 10 2015

R. WHITE

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE CONCENTRA PRIMARY CARE, P.A.

Certificate of Status	0
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Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section Division of Corporations	
CONCENTRA PRIMARY CARE, P.A.	
SUBJECT:Name of Co	rporation
DOCUMENT NUMBER: F12000000753	
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:
	-
Name of Conf	lact Person
Firm/Cor	npany
·	: •
Addre	988
City/State and	Zin Code
E-mail address: (to be used for fur	ture annual report notification)
For further information concerning this matter, please ca	all:
Name of Contact Person	at () Area Code & Daytime Telephone Number
Haine of Contact Ferson	Area code & Daytime Telephone Multiper
Enclosed is a \$35.00 check made payable to the Department	ment of State.
<u>Mailing Address:</u> Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, PL 32314	Clifton Building 2661 Executive Center Circle
1 minimases 1 m 1821-1	Tallahassee, FL 32301

CR2E045 (03/12)

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

statement of che	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, ange is submitted for a corporation organized under the laws of the State of Texas	this ———	
•	er to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of	the corporation: CONCENTRA PRIMARY CARE, P.A.		
2. The principal	office address: 5080 SPECTRUM DRIVE, 1200 WEST TOWER, ADDISON, TX 75001		
3. The mailing a	eddress (if different):		
4. Date of incor	poration/qualification: Document number: F12000000753		
	d street address of the current registered agent and registered office on file with the annual street address of the current resigned)	A	5
	CORPORATION SERVICE COMPANY	}== : =*-	
	1201 HAYS STREET, TALLAHASSEB, FL 32301-2525		1 (0
		12 1921	-
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office		St & 13
	C T Corporation System		زيئ
	c/o C T Corporation System, 1200 South Pine Island Road		
	P.O. Box NOT acceptable	, ,	
	Plantation, Florida 33324		
The street address changed will	ss of its registered office and the street address of the business office of its register be identical.	ed agent,	
=	s authorized fly resolution duly adopted by its board of directors or by an officer so e board, of the corporation has been notified in writing of the change.		
	Jennifer Kurz, Secretary		
7	the appointment as registered agent and agree to act in this capacity, if a suppointment as registered agent and agree to act in this capacity, if abmply with the provisions of all statutes relative to the proper and complete by dulles, and I am familiar with and accept the obligation of my position as regist document is being filed merely to reflect a change in the registered office address that the corporation has been notified in writing of this change.	ered , I	
	porațion System 6/9/2015		
,-	atuse of Reguliered Agent Date		
If signing on bel	nalf of an entity: Aifred Younan		
Ту	Assistant Secretary		•
•	-		

* * * 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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