

4/23/2014 16:42:01 From: To: 8506176380

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
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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) 222-1092
Fax Number : (850) 878-5368

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

Email Address: _____

REGISTERED AGENT CHANGE
PASSPORT HEALTH COMMUNICATIONS, INC.

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

4/24/14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PASSPORT HEALTH COMMUNICATIONS, INC.

Name of Corporation

DOCUMENT NUMBER: F13000004101

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 Contact Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Contact Person at (_____) _____
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

CR2E045 (03/12)

