⊕ 08/23/2019 11:44 AM Division of Corporations



## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

: (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

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Rmail	Address	

## REGISTERED AGENT CHANGE UNIVERSITY PRIMARY CARE PRACTICES, INC.

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Corporate Filing Menu

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

Pursuant to the provisions of sections 607.0502, 617.050 statement of change is submitted for a corporation organ	
in order to change its registered office or regist	tered agent, or both, in the State of Florida.
I. The name of the corporation: University Prin	nary Care Practices, Inc.
2. The principal office address:  3605 Warrensville Center Rd., Ma	illstop 9110, Shaker Heights, OH 44
3. The mailing address (if different):	
4. Date of incorporation/qualification: 10/03/2010	6 Document number: F16000004418
5. The name and street address of the current registered a Florida Department of State: (If resigned, enter resigned)	agent and registered office on file with the ed)
CT CORPORATION S	YSTEM
1200 SOUTH PINE ISL	AND ROAD
PLANTATION, FL 3332	24
6. The name and street address of the new registered age (if changed):	nt (if changed) and /or registered office 23
Corporate Creations Ne	etwork Inc.
11380 Prosperity Farms	
Palm Beach Gardens, F	
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	by its board of directors or by an officer so titled in writing of the change.
LL_	Bradley Bond, Secretary, By: Rachel Kauffman, Attorney-in-Fact
Signature of an officer or director	Printed or typed name and tule
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all state performance of my duties, and I am familiar with and a agent. Or, if this document is being filed merely to reflehereby confirm that the corporation has been notified in	d agree to act in this capacity. ites relative to the proper and complete ccept the obligation of my position as registered ect a change in the registered office address, I n writing of this change.
<u> </u>	08/23/2019
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Rachel Kauffman, Special Secretary	

Typed or Printed Name

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