

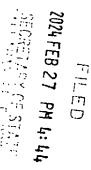
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Amendment Section Division of Corporations

COVER LETTER

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TO:

SUBJECT: PATH MEDICAL CENTER HOLDINGS.	. INC.	
Name of Corporation		·
DOCUMENT NUMBER: F16000004435		
The enclosed Statement of Change of Registered O	ffice/Agent and	fee are submitted for filing.
Please return all correspondence concerning this m	atter to the follo	wing:
Darleen McEwen		
Name of Contact Person		
PATH MEDICAL ACQUISITION COMPANY INC.		
Firm/Company		
1380 N University Dr., Suite 100MR		
Address		
Plantation, FL 33322		
City/State and Zip Code		
information@pathmedical.com		
E-mail address: (to be used for future annual re	port notification	on)
For further information concerning this matter, plea	ase call:	
Darleen McEwen	at (954	735-6584
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

Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

statement of ch	ange is submitted for a corporal	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tion organized under the laws of the State of FLORIDA		
		e or registered agent, or both, in the State of Florida.		
1. The name of	the corporation: PATH MEDIC.	AL CENTER HOLDINGS, INC.		
2. The principa	office address: 2304 West Oakle	and Park Boulevard, Ft. Lauderdale, FL 33311		
3. The mailing	address (if different):			
4. Date of inco	rporation/qualification: 10/04/20	Document number: F16000004435		
5. The name ar		egistered agent and registered office on file with the		
	PATH MEDICAL ACQUISITE	ON COMPANY INC		
	PATH MEDICAL ACQUISITION COMPANY INC 4255 W COMMERCIAL BLVD.			
	TAMARAC, FL 33319			
6. The name ar (if changed):		stered agent (if changed) and /or registered office		
	PATH MEDICAL ACQUISITION	ON COMPANY INC		
	1380 N University Dr., Suite 10	00MR		
	Plantation, FL 33322	P.O. Box NOT acceptable		
The street add	ress of its registered office and	the street address of the business office of its registered agent,		
Such change wanthorized by	vas authorized by resolution dul the heard. or the corporation ha	ly adopted by its board of directors or by an officer so is been notified in writing of the change.		
į	Rob Adams	ROB ADAMS		
	iure 8f an officePorturector	Printed or typed name and title		
I hereby accep I further agree of my duties, a document is be corporation he	nt the appointment as registered to comply with the provisions and I am familiar with and acce ving filed merely to reflect a cho us heen metified in writing of thi	l agent and agree to act in this capacity. of all statutes relative to the proper and complete performance pt the obligation of my position as registered agent. Or, if this ange in the registered office address, I hereby confirm that the is change.		
	Parleen McEwen	2/19/2024		
<u>\</u>	gnature of Registered Agent	Date		
If signing on b	ehalf of an entity:			
Darleen McEwe	en			
 ,	Typed or Printed Name	_		
	* * * FI	LING FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)