

F17000005730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

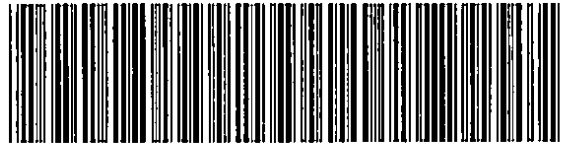
(Document Number)

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FILED

2022 MAR -7 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2022 MAR -7 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2022

ANDREA MARSHALL
1014 BANKTON CIRCLE
SUITE 100
HANAHAN, SC 29492

SUBJECT: MT MEDICAL FLORIDA, INC.
Ref. Number: F17000005730

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FOREIGN NOT FOR PROFIT CORPORATION, but your entity is a FOREIGN PROFIT CORPORATION. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 022A00003903

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: MT MEDICAL FLORIDA, INC

Name of Corporation

DOCUMENT NUMBER: F17000005730

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDREA MARSHALL

Name of Contact Person

MEDTRUST HOLDINGS, INC

Firm/Company

1014 BANKTON CIRCLE

Address

HANAHAN SC 29492

City/State and Zip Code

ANDREA.MARSHALL@RIDEMEDTRUST.COM

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

For further information concerning this matter, please call:

ANDREA MARSHALL

843

475-5520

at ()

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

2022 MAR -7 AM 11:55

SECTION I
(1-3 MUST BE COMPLETED)

SECRETARY OF STATE
TALLAHASSEE, FL

F17000005730

(Document number of corporation (if known))

1. MT MEDICAL FLORIDA, INC.

(Name of corporation as it appears on the records of the Department of State)

2. DELAWARE

(Incorporated under laws of)

3. 12/21/2017

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____

5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) _____

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

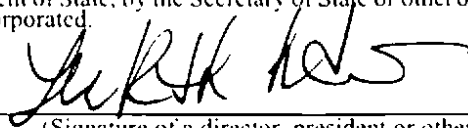
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
OFFICER	DALE CASTERLINE	6820 SOUTHPOINT PARKWAY	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FLORIDA 32216	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Lena Macdonald

(Typed or printed name of person signing)

2/28/2022

(Title of person signing)

FILING FEE \$35.00