

F1900005419

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220002373863)))



H220002373863ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED

2022 JUL 13 AM 2:45

TO: DIVISION OF CORPORATIONS  
FROM: TALLAHASSEE, FL

To: Division of Corporations  
Fax Number : (950) 617-6380  
  
From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954) 208-0845  
Fax Number : (614) 573-3996

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

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 JUL 13 AM 9:51

FILED

REGISTERED AGENT CHANGE

CEREBRAL MEDICAL GROUP, A PROFESSIONAL CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of California in order to change its registered office or registered agent, or both, in the State of Florida.

- The name of the corporation: CEREBRAL MEDICAL GROUP. A PROFESSIONAL CORPORATION
- The principal office address: 340 S. Lemon Ave Unit #9892 Walnut, CA 91789
- The mailing address (if different): 340 S. Lemon Ave Unit #9892 Walnut, CA 91789
- Date of incorporation/qualification: 11/12/2019 Document number: F19000005419
- The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

HIO ANH

1314 E. LAS OLAS BLVD.

FT. LAUDERDALE, FL 33301

- The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Michael Nathan Boggs MD

Signature of an officer or

Michael Boggs, President

ed name and title

*I hereby accept the appointment, I further agree to comply with the duties of my office, and I am familiar with the provisions of the Florida Statutes relating to the duties of my office. I am familiar with the provisions of the Florida Statutes relating to the duties of my office.*

C T Corporation System

*I hereby accept the appointment, I further agree to comply with the duties of my office, and I am familiar with the provisions of the Florida Statutes relating to the duties of my office. I am familiar with the provisions of the Florida Statutes relating to the duties of my office.*

By:

Signature of Registered Agent

07/05/2022

Date

If signing on behalf of an entity:

SANDRA ZWIJACK, ASSISTANT SECRETARY

Typed or Printed Name

\*\*\* FILING 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)

FILED  
2022 JUL 13 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FL