

F20000002320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

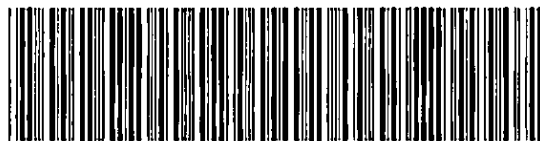
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Y SULKER

NOV 09 2020



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: **November 06, 2020**

Account#: 120000000088

Name: **David Shulman**

Reference #: **1285782**

Entity Name: **MAIN STREET HEALTH MEDICAL GROUP, P.C., INC.**

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other Please retain original submission date of 11/4/2020 & please provide a certified copy of the filing evidence. Thanks!

ISSUES? CALL

David:

850-270-0082

Authorized Amount: **\$43.75**

Signature: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 5, 2020

COGENCY GLOBAL INC.

SUBJECT: MAIN STREET HEALTH MEDICAL GROUP, P.C., INC.
Ref. Number: F20000002320

We have received your document for MAIN STREET HEALTH MEDICAL GROUP, P.C., INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name on cover page and name in the doc must be same

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 520A00022158

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.)

SECTION I
(1-3 MUST BE COMPLETED)

F20000002320

(Document number of corporation (if known))

1. MAIN STREET HEALTH MEDICAL GROUP, P.C., INC.

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

2. TENNESSEE

(Incorporated under laws of)

3. 05/19/2020

(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? 07/10/2020

5. CareBridge Medical Group, P.C., Inc.

(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: _____, Florida _____
(City) (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

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TALLAHASSEE, FLORIDA

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>
_____	_____	_____	Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	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)

Cory Brown
(Typed or printed name of person signing)

Vice President & Secretary
(Title of person signing)

FILING FEE \$35.00



Tre Hargett
Secretary of State

Division of Business Services

Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

KIMBERLY GRIFFIN
511 UNION ST SUITE 2700
NASHVILLE, TN 37219

November 4, 2020

Request Type: Certificate of Existence/Authorization
Request #: 0388501

Issuance Date: 11/04/2020
Copies Requested: 1

Document Receipt

Receipt #: 005874080

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3792233242

\$20.00

Regarding: CareBridge Medical Group, P.C.

Filing Type: For-profit Corporation - Domestic

Formation/Qualification Date: 08/01/2019

Status: Active

Duration Term: Perpetual

Business County: DAVIDSON COUNTY

Control #: 1043117

Date Formed: 08/01/2019

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

CareBridge Medical Group, P.C.

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

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