

2025-05-07 10:52:26 CST

12122023573

From: Daylen Platt

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

((H25000167373 3)))



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

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

Email Address:

**REGISTERED AGENT CHANGE
MEDPOINT MANAGEMENT INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

A. RAMSEY
MAY 8 2025

Help

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.

1. The name of the corporation: MEDPOINT MANAGEMENT INC.
2. The principal office address: 15301 Ventura BLVD BLDG D, Suite 200, Sherman Oaks, CA 91403
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/24/2021 Document number: F21000001147
5. 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)

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

6. 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
Plantation, Florida 33324

P.O. Box NOT acceptable

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.

Kathryn McBride
Signature of an officer or director

Kathryn McBride, Attorney-in-Fact
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: C T Corporation System
Sean L. Emerick
Signature of Registered Agent

04/24/2025
Date

If signing on behalf of an entity:

SEAN L. EMERICK, 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
CR21042 (04/13)

FILED
2025 MAY -7 PM 12:40
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA