

F21000001295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

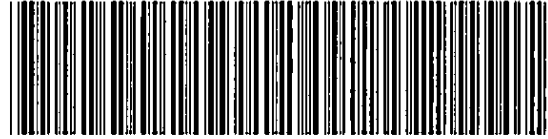
(Document Number)

Certified Copies _____

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Amend

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2023 JUN 14 PM 12:38
CLERK OF COURT
OF MISSISSIPPI

60

2023 JUN 14 PM 12:06

A. RAMSEY
JUN 15 2023



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 06/14/2023

Name: Marcel Ogbonna-Amu

Reference #: 2030116

Entity Name: EDGE HEALTH, P.C.

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

ANY ISSUES, CALL
MARCEL:

(518) 213 - 0826

Thank you!

Authorized Amount: \$35.00

Signature: Marcel Ogbonna-Amu

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Edge Health, P.C.

Name of Corporation

DOCUMENT NUMBER: F21000001295

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ross Friedberg

Name of Contact Person

Goldsand Friedberg LLP

Firm/Company

3109 Grand Ave #225

Address

Miami, FL 33133

City/State and Zip Code

rfriedberg@goldsandfriedberg.com

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

For further information concerning this matter, please call:

Ross Friedberg

860

299-4016

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.)

SECTION I
(1-3 MUST BE COMPLETED)

F21000001295

(Document number of corporation (if known))

1. Edge Health, P.C.
(Name of corporation as it appears on the records of the Department of State)

2. Massachusetts 3. 03/04/2021
(Incorporated under laws of) (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 COGENCY GLOBAL INC.

115 N CALHOUN ST, SUITE 4

(Florida street address)

New Registered Office Address: TALLAHASSEE, Florida 32301
(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.

/s/Eric Hood Eric Hood, Assistant Secretary


Signature of New Registered Agent, if changing

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HALL COUNTY, 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>
Director/f +	Freeman Tich Changamire, M.D. +	500 West Main Street	<input type="checkbox"/> Add
		Louisville, KY 40202	<input checked="" type="checkbox"/> Remove
Director/f +	John Taylor, M.D.	47 High St. # 7	<input checked="" type="checkbox"/> Add
		Medford, MA 02155	<input type="checkbox"/> Remove
Authorize +	Freeman Tich Changamire, M.D. +	500 West Main Street	<input type="checkbox"/> Add
		Louisville, KY 40202	<input checked="" 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)

John Taylor, M.D.

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35.00