

7/2/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : PARANET CORPORATION SERVICES, INC.
Account Number : I20090000069
Phone : (800)277-9977
Fax Number : (800)815-0477

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

Email Address: kristina@equip.health

**REGISTERED AGENT CHANGE
EQUIP HEALTH MEDICAL, P.C., INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RH/RCH

JUL 06 2021
ALBRITTON

COVER LETTER

(((H21000257529 3)))

TO: Amendment Section
Division of Corporations**SUBJECT:** Equip Health Medical, P.C., Inc.
Name of Corporation**DOCUMENT NUMBER:** F21000001314

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rebecca Ware

Name of Contact Person

Bass, Berry & Sims PLC

Firm/Company

150 Third Avenue South, Suite 2800

Address

Nashville, TN 37201

City/State and Zip Code

kristina@equip.health :

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

For further information concerning this matter, please call:

Rebecca Ware

at (615) 259-6579

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

(((H21000257529 3)))

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

((H21000257529 3)))

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: Equip Health Medical, P.C., Inc.
2. The principal office address: 2674 COSTEBELLE DRIVE
LA JOLLA, CA 92037
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/23/2021 Document number: F21000001314
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)

Katherine Hill

7643 GATE PKWY

JACKSONVILLE, FL 32258

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

NRAI Services, Inc.

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, FL 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.

Katherine Hill, MD
Signature of an officer or director

Katherine Hill, M.D., President

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.

Natalie Leiba-Paul
Signature of Registered Agent

JULY 02, 2021

Date

If signing on behalf of an entity:

NATALIE LEIBA-PAUL - ASSISTANT SECRETARY

Typed or Printed Name

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*** 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
2021 JUL -2 PM 1:45
TALLAHASSEE, FL