

1/17/23, 3:22 PM

Division of Corporations

**F220000198474**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6388

From:

Account Name : LEGALTNC CORPORATE SERVICES TNC.  
Account Number : I20180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

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

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

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**REGISTERED AGENT CHANGE  
HIGI CARE NETWORK (DE), P.A. INC.**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

2022 JAN 17 AM 8:05

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**J. HORNE**

**JAN 18 2023**

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

((H23000019847 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 DE  
\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: HIGI CARE NETWORK (DE), P.A. INC.

2. The principal office address: 4500 NORTH STATE ROAD 7, SUITE 102LAUDERLAKES, FL 33319

3. The mailing address (if different): 382 NORTHEAST 191ST STREET, SUITE 50294MBAMI, FL 33179

4. Date of incorporation/qualification: 04/20/2022 Document number: F22000002464

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)

CORPORATE CREATIONS NETWORK, INC.

801 US HIGHWAY 1

NORTH PALM BEACH, FL 33408

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

LEGALINC CORPORATE SERVICES INC.

476 Riverside Ave

P.O. Box NOT acceptable

Jacksonville, FL, 32202

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TALLAHASSEE, FL

FILED

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.

Dr. Michael B. Johnson

Signature of an officer or director

**Authorized Individual**

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.*

Erik Treutlein

Signature of Registered Agent

1/17/2023

Date

If signing on behalf of an entity:

((H23000019847 3)))

Erik Treutlein

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  
CR2E04S (04/15)