

2/23/23, 9:39 AM

Division of Corporations

F2200002464
Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
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: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
HIGI CARE NETWORK (DE), P.A. INC.**

Certificate of Status	0
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2023 FEB 23 PM 4:58

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2023 FEB 23 PM 12:39
SECRETARY OF STATE
FALL AHA/SC/11/11

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PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F22000002464

(Document number of corporation (if known))

2023 FEB 23 PM 12:40
SECRETARY OF
TALLAHASSEE, FL
C-11
FD
C-11

1 HIGH CARE NETWORK (DE), P.A., INC.

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

2 Delaware

(Incorporated under laws of)

3 04/20/2022

(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 _____

(Florida street address)

New Registered Office Address _____

(City)

Florida

(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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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>
DP	DR. JARON ROSS M.D.	4500 NORTH STATE ROAD 7, SUITE 102	<input type="checkbox"/> Add
		LAUDERDALE LAKES, FL 33319	<input checked="" type="checkbox"/> Remove
DP	Dr. Michael Hafran, M.D.	4500 North State Road 7, Suite 102	<input checked="" type="checkbox"/> Add
		Lauderdale Lakes, FL, US, 33319	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input 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

Dr. Michael Hafran

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Dr. Michael Hafran, M.D.

(Typed or printed name of person signing)

Sole Officer and Director

(Title of person signing)

FILING FEE \$35.00

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