

# F2300000LS37

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Bienetre Medical, P.C. Corp.  
Name of Corporation

**DOCUMENT NUMBER:** F23000006537

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:

Leoni Runge

Name of Contact Person

Bienetre Medical, P.C.

Firm/Company

99 Hudson Street, 5th Floor

Address

New York, NY 10013

City/State and Zip Code

leoni@zayacare.com

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

For further information concerning this matter, please call:

Lauren Petrin

Name of Contact Person

at (202) 861-1816

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

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 12/13/2023

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1211590

**ORDER ENTITY**

BIENETRE MEDICAL, P.C. CORP.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

BIENETRE MEDICAL, P.C. CORP. ( FL )

File the attached correction document and provide a certified copy.

**NOTES:**

\$43.75 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 20, 2023

INCSERV

*Please honor the  
original submission date  
as the file date. Thanks! :)*

SUBJECT: BIENETRE MEDICAL, P.C. CORP.  
Ref. Number: F23000006537

We have received your document for BIENETRE MEDICAL, P.C. CORP. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

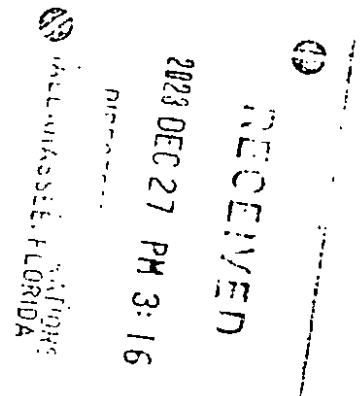
The Corporation will have to file a Change of Registered Agent/Office form. The change will require the Registered Agents signature.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 023A00028948

*Please honor the  
original submission date  
as the file date. Thanks! :)*



**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 New York  
\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Bienetre Medical, P.C. Corp.
2. The principal office address: 99 Hudson Street, 5th Floor, New York, NY 10013
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: November 8, 2023 Document number: F23000006537
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)

National Registered Agents, Inc.

1200 South Pine Island Road

Plantation, FL 33324

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.

Dale Lensing  
Signature of an officer or director

Dale Lensing, 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.*

Lisa A. Delaney  
Signature of Registered Agent

12/20/23  
Date

If signing on behalf of an entity:

Lisa A. Delaney, 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  
CR2E045 (04/13)

FILED  
2023 DEC 19 AM 8:15  
TALLAHASSEE, FLORIDA  
DIVISION OF STATE