

8/26/2020

Division of Corporations

**F 81078**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
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**REGISTERED AGENT CHANGE  
WEST FLORIDA MEDICAL CENTER CLINIC, P.A.**

Certificate of Status	0
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AUG 27 2020

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**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 617.1509, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: WEST FLORIDA MEDICAL CENTER CLINIC, P.A.
2. The principal office address: 8333 North Davis Highway, Pensacola, FL 32514
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: May 13, 1982 Document number: F81078
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)

Jeremy C. Branning125 W. Romana Street, Suite 300Pensacola, FL 32501

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

Jeremy C. Branning125 E. Intendencia Street, 4th FloorP.O. Box NOT acceptablePensacola, FL 32502

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.

[Signature]  
Signature of an officer or director

Richelle Harrelson, SVP

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.

[Signature]  
Signature of Registered Agent

August 25, 2020  
Date

If signing on behalf of an entity:

Jeremy C. Branning  
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)

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