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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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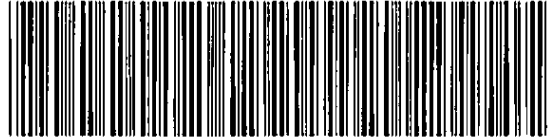
(Business Entity Name)

(Document Number)

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A. HUNT
02/09/24

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Professional Practice Association, Inc.
Name of Corporation

DOCUMENT NUMBER: F98000004298

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:

Karen Boeker

Name of Contact Person

Gallagher/Affinity

Firm/Company

12444 Powerscourt Drive, Ste 500A

Address

St. Louis, MO 63131

City/State and Zip Code

Karen_Boeker@ajg.com

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

For further information concerning this matter, please call:

Karen Boeker

at (636)

4435150

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

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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 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Connecticut _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: American Professional Practice Association, Inc.
2. The principal office address: 12444 Powerscourt Drive, Ste 500A, St. Louis, MO 63131
3. The mailing address (if different): _____
4. Date of incorporation/qualification: July 28, 1998 Document number: F98D00004298
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)

Physicians Planning Service Corporation
550 Fairway Drive, Ste 105A
Deerfield Beach, FL 33441

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

Marisol Dioses
8447 Red Wagon Lane
Boca Raton, FL 33433

P.O. Box NOT acceptable

DEPT. OF STATE
TALLAHASSEE, FL

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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

Gregory L. Hopkins
Signature of an officer or director

Gregory L. Hopkins, MD, MSM, FAAFP, Chairman APPA BOD
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.

Marisol Dioses
Signature of Registered Agent

2/1/2024
Date

If signing on behalf of an entity.

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
CR21045 (04/13)