J01455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FAMILY MEDICAL GROUP, P.A.
Name of Corporation

DOCUMENT NUMBER: J01455

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:

JOANNE STAYTON
Name of Contact Person

FAMILY MEDICAL GROUP, P.A.
Firm/Company

113 HEALTH WAY
Address

LAKE PLACID, FL 33852
City/State and Zip Code

JOANNE@FAMMEDGRP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOANNE STAYTON at (863) 465-7010
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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CR2E045 (04/13)

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 FLORIDA _____ *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: FAMILY MEDICAL GROUP, P.A.

2. The principal office address: 113 HEALTH WAY, LAKE PLACID, FL 33852

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/27/1986 Document number: J01455

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)

WILFREDO CORREDERA, M.D.

105 TOMOKA BLVD S.

LAKE PLACID, FL 33852

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

WILFREDO CORREDERA, M.D.

113 HEALTH WAY

P.O. Box NOT acceptable

LAKE PLACID, FL 33852

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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.

Signature of an officer or director

WILFREDO CORREDERA, M.D., 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.

Signature of Registered Agent

11-2-2020
Date

If signing on behalf of an entity:

WILFREDO CORREDERA, MD
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)