

L08357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

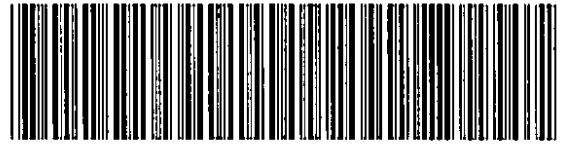
(Business Entity Name)

(Document Number)

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2018 AUG 13 PM 2:45

**SECRETARY OF STATE
TALLAHASSEE, FL**

C. GOLDEN

AUG 14 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ocala Heart Institute, Inc.

Name of Corporation

DOCUMENT NUMBER: L08357

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:

Treva D. Widdis

Name of Contact Person

Ocala Heart Institute, Inc.

Firm/Company

700 Doctors Court

Address

Leesburg, Florida 34748

City/State and Zip Code

twiddis@ocalaheart.com

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

For further information concerning this matter, please call:

Treva D. Widdis

Name of Contact Person

at (352) 207-5268

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: Ocala Heart Institute, Inc.
2. The principal office address: 700 Doctors Court, Leesburg, FL 34748
3. The mailing address (if different): Same as above

4. Date of incorporation/qualification: 08/09/1989 Document number: L08357

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)

Mead, Robert W., Jr.
420 S. Orange Ave, Suite 700
Orlando, Florida 32801

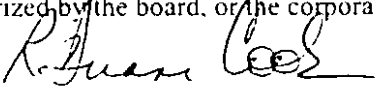
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Treva D. Widdis
Ocala Heart Institute, Inc.
P.O. Box NOT acceptable
700 Doctors Court, Leesburg, FL 34748

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TALLAHASSEE, FL

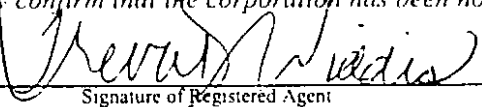
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

R. Duane Cook, Officer
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

08/07/2018
Date

If signing on behalf of an entity:

Treva D. Widdis
Typed or Printed Name

*** FILING FEE: \$35.00 ***