

NO0000003587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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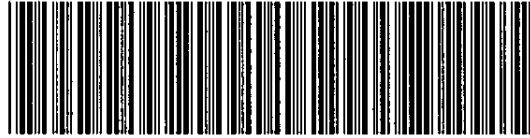
(Business Entity Name)

(Document Number)

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R. WHITE

**KAREN O. GAFFNEY, P.A.**

ATTORNEY AT LAW

205 WEST DAMPIER STREET

INVERNESS, FLORIDA 34450

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KAREN O. GAFFNEY

TELEPHONE  
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August 11, 2015

**Via USPS Certified Mail RRR# 7012 3460 0001 7766 6002**

Florida Department of State

Division of Corporations

Attn: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

*RE: Nature Coast Emergency Medical Foundation, Inc.*

*Document #: N00000003387*

*FEL/EIN #: 651021027*

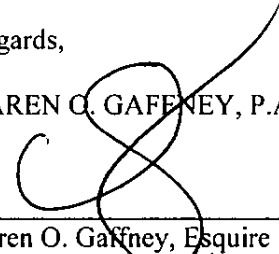
Dear Sir or Madam:

Our office has the pleasure of representing Nature Coast Emergency Medical Foundation, Inc. with respect to its regular business matters. Enclosed please find the original plus an additional copy of the Statement of Change of Registered Office or Registered Agent or Both For Corporations (obtained from your website) submitted for filing with your office. Enclosed please find our Check #3601 in the amount of \$43.75 to cover the filing fee and to obtain a certified copy of the enclosed Statement of Change of Registered Office or Registered Agent or Both For Corporation. Upon your receipt and review of the enclosed documentation, should you find that the same meets your approval, please file and return a certified copy of the Statement of Change of Registered Office or Registered Agent or Both For Corporations and letter of acknowledgment to my office.

In the event that you should have any questions regarding this request, please do not hesitate to contact me at the address, telephone number, or email address indicated on the top portion of this correspondence. Thank you for your assistance.

Regards,

KAREN O. GAFFNEY, P.A.

  
\_\_\_\_\_  
Karen O. Gaffney, Esquire

KOG/pem

Enclosures: as stated.

Cc: Mike Hall, Nature Coast EMS

**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: Nature Coast Emergency Medical Foundation, Inc.

2. The principal office address: 3876 W. Country Hill Drive, Lecanto, FL 34461

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 06/07/2000 Document number: N00000003887

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)

Denise Dymond Lyn, Esquire

307 N. Apopka Avenue

Inverness, FL 34450

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

Karen O. Gaffney, Esquire

205 West Dampier Street

P.O. Box NOT acceptable

Inverness, FL 34450

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

MICHAEL HALL Pres. & CEO  
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

8/10/15  
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