

No20000004883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

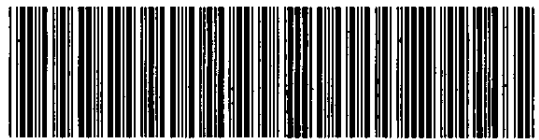
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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RA
Change

10/29/09--01008--003 **35.00

FILED
2009 NOV 17 AM 11:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

X00789, 00524, 00671

AOR
11/17/09



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2009

Kathy Wilkes
Northeast Florida Health Services, Inc.
P.O. Box 527
Pierson, FL 32180

SUBJECT: NORTHEAST FLORIDA HEALTH SERVICES, INC.
Ref. Number: N02000004883

We have received your document for NORTHEAST FLORIDA HEALTH SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted is incorrect. It is for an alien business organization and your entity is a domestic Florida corporation. I have enclosed the correct form that you may fill out and return to us.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 209A00034467

RECEIVED
2009 NOV 17 AM 8:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Northeast Florida Health Services, Inc.
Name of Corporation

DOCUMENT NUMBER: N02000004883

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:

Kathy J. Wilkes, CEO
Name of Contact Person

Northeast Florida Health Services, Inc.
Firm/Company

P. O. Box 527
Address

Pierson, FL 32180
City/State and Zip Code

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

For further information concerning this matter, please call:

Kelli J. Graham at (386) 749-9449 ext. 2113
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
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: Northeast Florida Health Services, INC.
2. The principal office address: 214 N. Frederick Street
Pierson, FL 32180
3. The mailing address (if different): P. O. Box 527
Pierson, FL 32180
4. Date of incorporation/qualification: 09/23/2002 Document number: N02000004883
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)

Deborah Wood, E.D

114 N. Volusia Avenue

Pierson, FL 32180

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

Kathy J. Wilkes, CEO

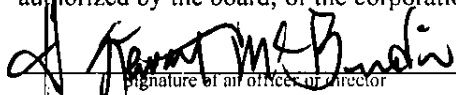
216 N. Frederick Street

P.O. Box NOT acceptable

Pierson, FL 32180

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.

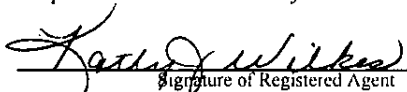


Signature of an officer or director

H. Stewart McBride

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

November 5, 2009

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

CR2E045 (8/05)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA