

NO5000003691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

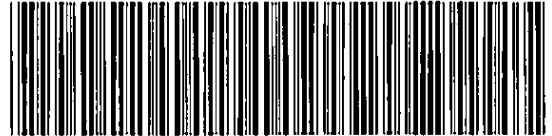
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/11/21--01009--001 **35.00

2021 FEB 11 AM 9:01

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CLERK OF STATE
TALLAHASSEE, FL

FILED

Y. SULKER
FEB 1 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2021

CENTERPLACE HEALTH, INC.
2200 RINGLING BLVD.
SARASOTA, FL 34237

We are in receipt of your check. However, because no cover letter was included, your check is returned as we have no way of knowing what your check is for. If you will return your check along with a request specifying what it is that you need, your request will be promptly handled.

Should you have any questions regarding this matter you may contact our office at (850) 245-6053.

Margaret Freeman
Certification Section

Letter No. 121A00001811

FIDUS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Center Place Health, Inc.
Name of Corporation

DOCUMENT NUMBER: N05000003491

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:

Deborah Green
Name of Contact Person
Center Place Health, Inc.
Firm/Company
2200 Ringling Boulevard
Address
Sarasota FL 34237
City/State and Zip Code
deborah.green@centerplacehealth.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah Green at 941 529-0249
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 816
Tallahassee, FL 32303

CR2E045 (04/13)

600-50-6240 35-

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

1. The name of the corporation: CenterPlace Health, Inc.
2. The principal office address: 2200 Ringling Boulevard
Sarasota, FL 34237
3. The mailing address (if different): 1750 17th Street, Sarasota 34234
4. Date of incorporation/qualification: 11/14/2019 ^{update} Document number: N05000003491
and original filed - 02/27/2018 (see attached)
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)

Dana Kay Schultz
2200 Ringling Boulevard
Sarasota, FL 34237

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

Deborah Green
1750 17th Street
P.O. Box NOT acceptable
Sarasota, FL 34234

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 authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Patricia Egan, 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]
Signature of Registered Agent

12/11/2020
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