

N106000005005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

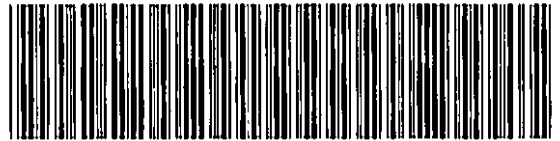
(Business Entity Name)

(Document Number)

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05/31/18--01009--004 \*\$35.00

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JUN 12 2018

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18 JUN 11 PM 2:20  
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ALABAMA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 1, 2018

DONALD FANN  
THE WAY FREE MEDICAL CLINIC, INC.  
479 HOUSTON STREET  
GREEN COVE SPRINGS, FL 32043

SUBJECT: THE WAY FREE MEDICAL CLINIC, INC.  
Ref. Number: N06000005005

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 818A00011441

6/7/18 DOCUMENT AMENDED  
AS INSTRUCTED.

RECEIVED

18 JUN 11 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Way Free Medical Clinic, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N06000005005

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:

Donald Fann  
Name of Contact Person

The Way Free Medical Clinic, Inc.  
Firm/Company

479 Houston Street  
Address

Green Cove Springs FL 32043  
City/State and Zip Code

don.fann@thewayclinic.org ✓  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

✓ Donald Fann, Executive Dir. at (201) 240-1514  
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: The Way Free Medical Clinic, Inc.  
2. The principal office address: 479 Houston Street, Green Cove Springs FL 32043

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

4. Date of incorporation/qualification: 5/5/2006 2006 Document number: N06000005005

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)

~~Resigned~~ JEAN GALLINA  
479 HOUSTON STREET  
GREEN COVE SPRINGS, FL 32043

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

Donald Fann

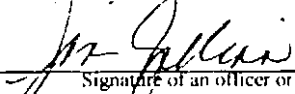
479 HOUSTON STREET

P.O. Box NOT acceptable

GREEN COVE SPRINGS, FL 32043

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

Jean Gallina, Secretary

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

4/27/2018  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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