

N 93000009505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

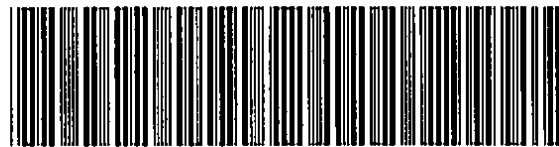
(Business Entity Name)

(Document Number)

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R. WHITE

JUN 03 2020

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Baker Community Health Center, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N93000009805

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:

Leon Gross

Name of Contact Person

Baker County Medical Services, Inc.

Firm/Company

159 North 3rd Street

Address

Macedlenny, Florida 32063

City/State and Zip Code

lgross@bemedsvcs.com

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

For further information concerning this matter, please call:

Leon Gross

Name of Contact Person

at (904) 653-4606

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 810  
Tallahassee, FL 32303

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.

- Leon Gross  
159 North 3rd Street  
Macclenny, Florida 32063

- Stacey Conner
- 
- 159 North 3rd Street
- 
- P.O. Box NOT acceptable
- Macedlenny, Florida 32063

Signature of an officer or director

Printed or typed name and title

Stacy Conner  
Signature of Registered Agent

5-4-2020  
Date

Typed or Printed Name

CR2E045 (04/13)