

NO700000 1780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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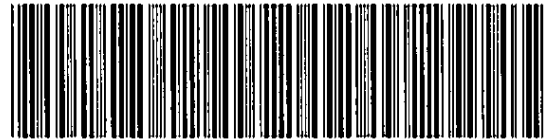
(Business Entity Name)

(Document Number)

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3/23/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Good Samaritan Clinic of West Volusia County, Inc.
Name of Corporation

DOCUMENT NUMBER: NO7000001780

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:

Mary Gusky

Name of Contact Person

Good Samaritan Clinic of West Volusia, Inc.

Firm/Company

3317 English Brick Trail

Address

DeLand FL 32724

City/State and Zip Code

gsdld1@gmail.com

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

For further information concerning this matter, please call:

Mary Gusky

at (386

) 479-6332

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 Good Samaritan Clinic of West Volusia County, Inc.
2. The principal office address: 136 E. Plymouth Avenue, DeLand FL 32724
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 02/19/2007 Document number: NO7000001780
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)

Mary Gusky

3317 English Brick Trail

DeLand FL 32724

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

Sara Caldwell, Esq.

112 Orange Avenue, Suite 200

P.O. Box NOT acceptable

Daytona Beach, FL 32114

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.

Martha Andrews
Signature of an officer or director

Martha Andrews
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

3-10-2020
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

CR2E045 (04/13)

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