

11080000003546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

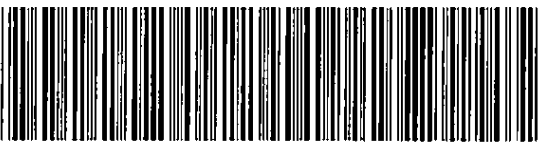
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Central Florida Clinical Practice Organization, Inc.
Name of Corporation

DOCUMENT NUMBER: N08000003566

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:

Paula Sagarino

Name of Contact Person

University of Central Florida College of Medicine

Firm/Company

6850 Lake Nona Blvd, 3rd Floor

Address

Orlando, FL 32827

City/State and Zip Code

comlegal@ucf.edu

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

For further information concerning this matter, please call:

Paula Sagarino

Name of Contact Person

at (407) 266-1308

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

**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: Central Florida Clinical Practice Organization, Inc.
2. The principal office address: 6850 Lake Nona Blvd., 3rd Floor, Orlando, FL 32827
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/11/2008 Document number: N08000003566
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)

Jeanette Schreiber, JD, MSW

6850 Lake Nona Blvd., 3rd Floor

Orlando, FL 32827

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

John Malek, JD, Rph

6850 Lake Nona Blvd., 3rd Floor

P.O. Box NOT acceptable

Orlando, FL 32827

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.

Deborah C German
Signature of an officer or director

Deborah C. German, MD, 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

6/29/24
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE