

8/19/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : URS AGENTS LLC
Account Number : 120150000127
Phone : (800)567-4397
Fax Number : (800)567-4398

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: monica.walker@brooksrehab.org

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**REGISTERED AGENT CHANGE
BROOKS REHABILITATION CLINICAL RESEARCH CENTER, INC.**

Certificate of Status	0
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BROOKS REHABILITATION CLINICAL RESEARCH CENTER, INC.
Name of Corporation

DOCUMENT NUMBER: N11000002914

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:

Monica Walker

Name of Contact Person

Brooks Rehabilitation Clinical Research Center, Inc.

Firm/Company

3599 UNIVERSITY BLVD. S

Address

JACKSONVILLE, FL 32216

City/State and Zip Code

Monica.Walker@Brooksrehab.org

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

20 AUG 19 AM 11:18
DEPT. OF STATE
DIV. OF CORPORATIONS

For further information concerning this matter, please call:

Kathy Clark

Name of Contact Person

at **800 567-4397**

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

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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: Brooks Rehabilitation Clinical Research Center, Inc.
 2. The principal office address: 3599 UNIVERSITY BLVD. South, JACKSONVILLE, FL 32216
 3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/22/2011 Document number: N11000002914

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)

PASCOE, BEVERLY A

1301 RIVERPLACE BLVD, SUITE 1500

JACKSONVILLE, FL 32207

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

URS AGENTS, LLC

3458 LAKESHORE DRIVE

P.O. Box NOT acceptable

TALLAHASSEE, FL 32312

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

Doug Baer President
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

8/19/2020

Date

If signing on behalf of an entity:

Kathy Clark, Assistant Secretary

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 (03/12)

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