

N110000006738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000277536720

10/12/15--01017--014 \*\*35.00

FILED

2015 OCT 12 AM 9:09

SECRETARY OF STATE  
CLERK OF COURTS

10/13/15

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lake Emergency Medical Services, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N11000006738

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:

Welton G. Cadwell, Chairman

Name of Contact Person

Lake Emergency Medical Services

Firm/Company

2761 W. Old US Hwy 441

Address

Mount Dora, FL 32757

City/State and Zip Code

trounsaville@lakeems.org

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

For further information concerning this matter, please call:

Tami Rounsaville

Name of Contact Person

at ( 352 ) 383-4554

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: Lake Emergency Medical Services, Inc.
2. The principal office address: 2761 W. Old US Hwy 441, Mount Dora, FL 32757
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 7/14/11 Document number: N11000006738
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)

Sanford Minkoff

Lake County Attorney

315 Main Street, Tavares, FL 32778

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

Melanie Marsh

Lake County Attorney

P.O. Box NOT acceptable

315 Main Street, Tavares, FL 32778

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

Welton G. Cadwell, Chairman

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.*

mm Marsh  
Signature of Registered Agent

9/29/15  
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 (03/12)

FILED  
2015 OCT 12 AM 9:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA