02/14/2022 MON 10:39 FAX

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Division of Corporations



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To:

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

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A. Account Number : 076077001702 : (407)841-1200 Phone 2022 FEB : (407)423-1831 Fax Number

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



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2002/002

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in -	o the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu If change is submitted for a corporation organized under the laws of the State of <u>Florid</u> order to change its registered office or registered agent, or both, in the State of Florid	de
1. The name	e of the corporation: WOMEN'S CARE CENTER OF IRC, INC.	
2. The princ	cipal office address: 1986 31ST AVENUE, SUITE 100, VERO BEACH, FL 32960	
3. The mail:	ing address (if different):	
4. Date of ir	ncorporation/qualification:11/23/2011 Document number: N1100001094	0
	e and street address of the current registered agent and registered office on file with th Department of State: (If resigned, enter resigned)	~ `
	Dean, Mead, Minton, & Moore	2 FE
	3240 Cardinal Drive, Suite 200	- 8
	Vero Beach, Florida 32963	
6. The name (if change		2022 FEB 14 17:10:16
	Dean Mead Services, LLC	
	420 S. Orange Avenue, Suite 700	
	P.Q. Box NOT acceptable Orlando, Florida 32801	
	address of its registered office and the street address of the business office of its reg will be identical. The was authorized by resolution duly adopted by its board of directors or by an office by the board, or the corporation has been notified in writing of the change. John F. Rorick, Director Finite of an office of director cept the appointment as registered agent and agree to act in this capacity.	cer so
I hereby acc I further ag of my duties	ree to comply with the provisions of all statutes relative to the proper and complet s, and I am familiar with and accept the obligation of my position as registered ago s being filed merely to reflect a change in the registered office address. I hereby co	e performance ent. Or, if the

If signing on behalf of an entity:

John E. Moorc, III on behalf of Dean, Mead, Egerton , Bloodworth, Capouano & Bozarth, PA, Sole Member

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

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