

N 13000010798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

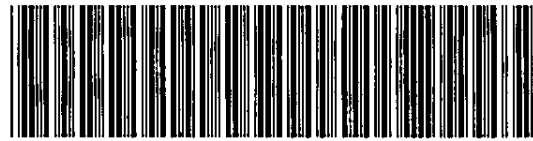
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200265079942

10/07/14--01004--010 **630.00

FILED
OCT -7 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 16 2014

C. CARL T. HARRIS

**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.

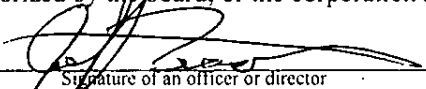
1. The name of the corporation: Halifax Clinical Integration, Inc.
2. The principal office address: 303 North Clyde Morris Boulevard, Daytona Beach, FL 32114

3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/3/2013 Document number: N13000010798
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)
David J. Davidson
303 North Clyde Morris Boulevard
Daytona Beach, FL 32114
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Shelly L. Shiflet
303 North Clyde Morris Boulevard
Daytona Beach, FL 32114

P.O. Box NOT acceptable

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

Jeff Feasel, Director

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

10/2/14

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
OCT - 7 AM 10 06
TALLAHASSEE, FL 32314
DIVISION OF CORPORATIONS