

N17000004277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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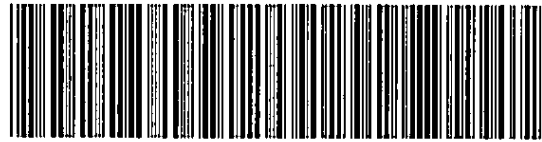
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
CORVALLIS, OR 97331

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Healthy Woman, Women's Clinics of Florida, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N17000004277

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:

Mary Heimbach

Name of Contact Person

Healthy Woman, Women's Clinics of Florida, INC.

Firm/Company

PO Box 14269

Address

Tallahassee, FL 32317

City/State and Zip Code

maryhealthywoman@gmail.com

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

For further information concerning this matter, please call:

Mary Heimbach

Name of Contact Person

at (850) 656-9068

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: Healthy Woman, Women's Clinics of Florida, Inc.
2. The principal office address: 2410 Mahan Dr Ste 1  
Tallahassee, FL 32308-2305
3. The mailing address (if different): PO Box 14269 Tallahassee, FL 32317
4. Date of incorporation/qualification: June 12, 2017 Document number: N17000004277
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)
- Miguel Collazo  
119 S. Monroe Street, Ste. 300 TALLAHASSEE, FL 32301

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

Mary Heimbach

2410 Mahan Dr Ste 1

P.O. Box NOT acceptable

Tallahassee, FL 32308

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.

Lynn Mangan  
Signature of an officer or director

Lynn Mangan, Board 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.*

Mary Heimbach  
Signature of Registered Agent

05/21/2021  
Date

If signing on behalf of an entity:

Mary Heimbach  
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 (04/13)