

N21000005358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

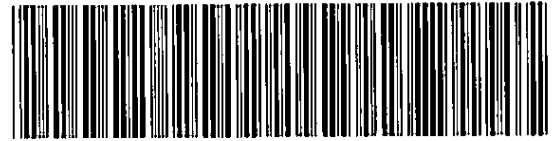
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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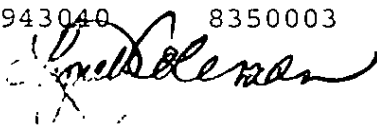
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2021 AUG -4 PM 12:00

TALLAHASSEE

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 943040 8350003
AUTHORIZATION : 
COST LIMIT : \$ 35.00

ORDER DATE : August 3, 2021
ORDER TIME : 10:31 AM
ORDER NO. : 943040-020
CUSTOMER NO: 8350003

CHANGE OF AGENT

NAME: DR KIRAN C PATEL INSTITUTE FOR
GRADUATE MEDICAL EDUCATION
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DR KIRAN C PATEL INSTITUTE FOR GRADUATE MEDICAL EDUCATION INC.
Name of Corporation

DOCUMENT NUMBER: N21000005358

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:

Chad Toujague

Name of Contact Person

Medical Impact Partners

Firm/Company

912 Lake Shore Ranch Dr.

Address

Seffner, FL 3384

City/State and Zip Code

ctoujague@medimactpartners.com

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

For further information concerning this matter, please call:

Chad Toujague

Name of Contact Person

at (813) 3171617

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: DR KIRAN C PATEL INSTITUTE FOR GRADUATE MEDICAL EDUCATION INC.
2. The principal office address: 2780 N Riverside Dr., Suite 503, Tampa, FL 33602

3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/04/2021 Document number: n21000005358
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)

Business Filings Incorporated

1200 S Pine Island Rd.

Plantation, FL 33324

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

Corporation Service Company

1201 Hays Street


P.O. Box NOT acceptable

Tallahassee

FL 32301

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

Chad Toujague, Director 08/06/2021

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.

Corporation Service Company

By: Mindy Fay
Signature of Registered Agent

8/06/2021

Date

If signing on behalf of an entity:

Mindy Fay
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
CR21045 (04/13)

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TALLAHASSEE, FL