

N40271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

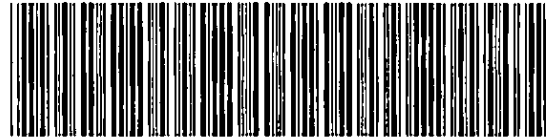
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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JUL 06 2018

ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Good Samaritan Health Clinic of Pasco, Inc.
Name of Corporation

DOCUMENT NUMBER: N 40271

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:

Mike Singer

Name of Contact Person

Good Samaritan Health Clinic of Pasco, Inc

Firm/Company

5334 Aspen St.

Address

New Port Richey, FL 34652

City/State and Zip Code

msinger@goodsamclinic.org

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

For further information concerning this matter, please call:

Mike Singer

Name of Contact Person

at (727) 848-7789, ext. 233

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2018

EVELYN FREDMAN
GOOD SAMARITAN HEALTH CLINIC
5334 ASPEN ST
NEW PORT RICHEY, FL 34652

SUBJECT: GOOD SAMARITAN HEALTH CLINIC OF PASCO, INC.
Ref. Number: N40271

We have received your document for GOOD SAMARITAN HEALTH CLINIC OF PASCO, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The document must also contain the address of the registered agent which must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 918A00012203

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Good Samaritan Health Clinic of Pasco
2. The principal office address: 5334 Aspen St.
New Port Richey, FL 34652
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/3/1990 Document number: N 40271

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)

Melissa Fahy - Resigned

5334 Aspen St.

New Port Richey, FL 34652

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

Michael Singer

5334 Aspen St.

P.O. Box NOT acceptable

New Port Richey, FL 34652

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.

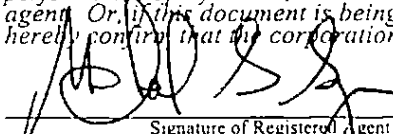


Signature of an officer or director

Jennifer Selk, Board Secretary

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

06/20/2018

Date

If signing on behalf of an entity:

Michael Singer

Typed or Printed Name

*** FILING FEE: \$35.00 ***

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA