

N93000005274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

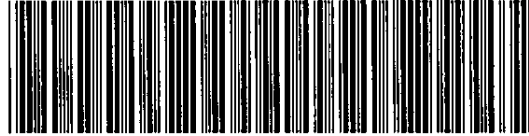
(Business Entity Name)

(Document Number)

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15 JUN 18 PM 6:18
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2015

DR. ROB THOMAS
PANHANDLE AREA HEALTH NETWORK
325 JOHN KNOX RD, SUITE M100
TALLAHASSEE, FL 32303

SUBJECT: PANHANDLE AREA HEALTH NETWORK, INC.
Ref. Number: N93000005274

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 915A00011873

RECEIVED
15 JUN 18 AM 10:43
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **Panhandle Area Health Network**

Name of Corporation

DOCUMENT NUMBER: **N93000005274**

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:

Dr. Rob Thomas

Name of Contact Person

Panhandle Area Health Network

Firm/Company

325 John Knox Rd, Suite M100

Address

Tallahassee, FL 32303

City/State and Zip Code

rthomas@bigbendahec.org

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

For further information concerning this matter, please call:

Heidi Bennett

Name of Contact Person

at **850 2241177**

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

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**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: Panhandle Area Health Network
2. The principal office address: 325 John Knox Road, Suite M 100
Tallahassee, FL 32303
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/22/1993 Document number: N93000005274

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)

Glenda J Stanley

325 John Knox Road, Building M, Suite 200

Tallahassee, FL 32303

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

Dr. Rob Thomas

325 John Knox Road, Suite M 100

P.O. Box NOT acceptable

Tallahassee, FL 32303

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

William Long

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 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

Dr. Rob Thomas

Date

5/26/2015

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)