

N9300005274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

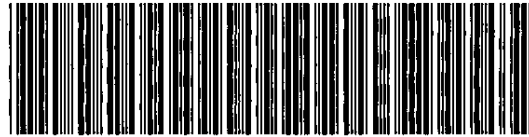
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500298527255

05/01/17--01034--003 **96.25

FILED
17 MAY - 1 AM 9:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

5/4 m

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Panhandle Area Health Network, Inc.

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:

Thomas, Rob, Dr.

Name of Contact Person

Panhandle Area Health Network, Inc.

Firm/Company

5035 Hwy 90 E, Suite B

Address

Marianna, FL 32446

City/State and Zip Code

pahn_ahollister@embarqmail.com

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

For further information concerning this matter, please call:

Annie Hollister, PCVO Dir. at 850 573-6715

Name of Contact Person

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

**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, Inc.
2. The principal office address: 5035 Hwy 90 E, Suite B, Marianna, FL 32446
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)

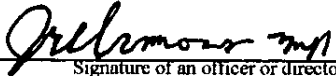
Thomas, Rob, Dr.
325 John Knox Road, Suite M 100
Tallahassee, FL 32303

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

Thomas, Rob, Dr.
5035 Hwy 90 E, Suite B
P.O. Box NOT acceptable
Marianna, FL 32446


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

James Clemmons, MD (PAHN Board Chair)
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

4/27/17
Date

If signing on behalf of an entity:

Thomas, Rob, Dr.
Typed or Printed Name

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

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Panhandle Area Health Network (PAHN)
PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX

Enclosed is an original and one (1) copy of Reinstatement/Reincorporation and a check for:

FEES:

05/01/17--01/034 -003 **96.25

Filing Fee \$35.00
Registered Agent \$35.00
Annual Reports for 1993 through present year \$61.25 per calendar year

OPTIONAL:

\$96.25

Certified Copy \$8.75 (plus \$1 per page over 8, not to exceed a maximum of \$52.50)
Certificate of Status \$8.75

Rob Thomas, DrPH
Name (Printed or typed)

5035 Hwy 90, Suite B
Address

Marianna, FL 32446
City, State & Zip

(850) 573-6715
Daytime Telephone number

PAHNOffice@gmail.com
E-mail address: (to be used for future annual report notification)