

1950000/677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

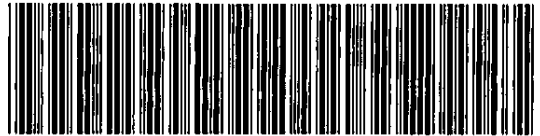
(Document Number)

Certified Copies _____

Certificates of Status _____

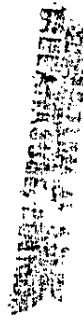
Special Instructions to Filing Officer:

Office Use Only



700180183857

05/07/10--01020--020 **35.00



2010 MAY -7 PM 1:37

FILED

KA-Add
C/M
[Signature]

5/11/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Association of rural Health Clinics
Name of Corporation

DOCUMENT NUMBER: N95000001677

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:

Jeanne Gossman
Name of Contact Person

Florida Association of Rural Health Clinics
Firm/Company

34 Turkey Creek
Address

Alachua, FL 32615
City/State and Zip Code

jggossman@cox.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeanne Gossman at (352) 214-9203
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Florida Association of Rural Health Clinics, INC.
2. The principal office address: 34 Turkey Creek
Alachua, FL 32615
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 1995 Document number: N95000001677

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)

Jeanne Gossman

515 Carlton Street

Wauchula, FL 33873

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

Jeanne Gossman

34 Turkey Creek

P.O. Box NOT acceptable

Alachua, FL 32615

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.

Jeanne Gossman
Signature of an officer or director

Jeanne Gossman
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.

Jeanne Gossman
Signature of Registered Agent

May 5, 2010
Date

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 (8/05)