

# N9600005806

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC  
Account Number : I20100000062  
Phone : (888)705-7274  
Fax Number : (888)706-7274

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE**  
**THE CERTIFYING COMMISSION IN MEDICAL MANAGEMENT,**  
**INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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AUG 31 2020

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE CERTIFYING COMMISSION IN MEDICAL MANAGEMENT, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N96000005806

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:

Mary Castillo  
Name of Contact Person  
Registered Agent Solutions, Inc.  
Firm/Company  
1701 Directors Blvd. Suite 300  
Address  
Austin, Texas 78744  
City/State and Zip Code

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

For further information concerning this matter, please call:

Mary Castillo at (888) 705-7274  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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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: THE CERTIFYING COMMISSION IN MEDICAL MANAGEMENT, INC.
2. The principal office address: 400 NORTH ASHLEY DRIVE SUITE 400 TAMPA, FL 33602
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/08/1996 Document number: N96000005806
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)

ANGOOD, PETER B. MD400 NORTH ASHLEY DRIVE SUITE 400TAMPA, FL 33602

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

Registered Agent Solutions, Inc.155 Office Plaza Dr. Suite AP.O. Box NOT acceptableTallahassee, 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.

Angood MD  
Angood MD June 27, 2020 10:21 PM DT

Signature of an officer or director

Peter Angood, President

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.

Mackenzie Hart  
Signature of Registered Agent

Signature of Registered Agent

08/25/2020

Date

If signing on behalf of an entity:

Mackenzie Hart, Assistant Secretary

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 (04/13)