

8/24/2016 11:10:27 AM From: To: (850) 617-6380 (1/3)

Division of Corporations

N990000007421

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H16000201429 3)))



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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

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

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

16 AUG 15 PM 8:51  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE  
JFK MEDICAL STAFF, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02/3
Estimated Charge	\$35.00

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AUG 25 2016

C McNAIR

8/24/2016 11:10:27 AM From: To: 8506176380( 2/3 )

**Bryan, Connie**

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**From:** I3 Voicemail System  
**Sent:** Monday, August 15, 2016 3:52 PM  
**To:** CLS-CT Columbus Fulfillment  
**Subject:** Fax Successfully Sent to 1 (850) 617-6383  
**Attachments:** FAX3884347060.TIF

**Importance:** High

Fax was successfully sent  
Remote Name: JFK MEDICAL STAFF, INC.  
Remote TN: 1 (850) 617-6383  
Fax Device: Media Server  
Transmission Rate: 9600  
Sender:

[ID: 2601063199]

16 AUG 15 AM 8:51  
BRIAN J. LEE  
DIVISION 10  
OPERATIONS

**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: JFK MEDICAL STAFF, INC.  
2. The principal office address: 5301 S. Congress, Atlantis, FL 33462  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/16/1999 Document number: N99000007421

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)

SUELLEN J. REX

2421 QUANTUM BLVD

BOYNTON BEACH, FL 33426

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

CT Corporation System

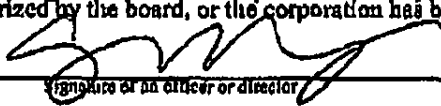
c/o CT Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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

Steven Borzak, MD, 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.

By: CT Corporation System  
  
Signature of Registered Agent

8/12/16

Date

If signing on behalf of an entity:

Angel Nunez

Assistant Secretary

\*\*\* 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)

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DEPT OF STATE  
DIVISION OF CORPORATIONS