

PO0000091886

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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TO: Amendment Section
Division of Corporations

SUBJECT: CRESTVIEW Pediatrics + Adolescent Center
Name of Corporation PA

DOCUMENT NUMBER: P00000091886

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:

Christopher Chinnaswamy
Name of Contact Person

Christopher MD + Associates
Firm/Company

131 E. Redstone Ave Suite 107
Address

Crestview FL 32536 32539
City/State and Zip Code

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

For further information concerning this matter, please call:

Bernadine Peter at (850) 974-7400
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: Crestview Pediatrics & Adolescent Center ^{PA}
2. The principal office address: 332 Medcrest Dr
Crestview, FL 32536
3. The mailing address (if different): 8208 Augusta Dr
Mobile, AL 36695
4. Date of incorporation/qualification: _____ Document number: P00000091886

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)

Joseph Peter
332 Medcrest Dr
Crestview, FL 32536

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

Christopher Chinna
131 E. Redstone Circle
Crestview, FL 32536
P.O. Box NOT acceptable

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]
Signature of an officer or director

Joseph Peter, 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.

C. G. Chinnaswamy
Signature of Registered Agent

10/11/17
Date

If signing on behalf of an entity:

CHRISTOPHER CHINNASWAMY
Typed or Printed Name

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