

PO1 000041397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

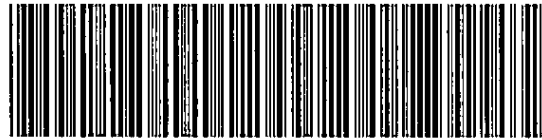
(Business Entity Name)

(Document Number)

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2021 JUN -1 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Atlantic Coast Medical Care, Inc.
Name of Corporation

DOCUMENT NUMBER: P01000041397

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:

Traci Rosenstein

Name of Contact Person

Atlantic Coast Medical Care, Inc.

Firm/Company

13171 Atlantic Blvd. Suite 100

Address

Jacksonville, Florida 32225

City/State and Zip Code

atlanticcoastmedical@yahoo.com

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

For further information concerning this matter, please call:

Traci Rosenstein

Name of Contact Person

at (904-343-196)

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

**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: Atlantic Coast Medical Care, Inc
2. The principal office address: 13171 Atlantic Blvd. Suite #100
Jacksonville, Florida 32225
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04-24-2001 Document number: P01000041397
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)

Dennis Hayes 2320 The Woods Drive West, Jacksonville, FL 32246

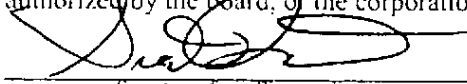
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Traci Rosenstein 13171 Atlantic Blvd. Suite#100 Jacksonville, FL 32225

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 of an officer or director

Scott Rosenstein

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.

Traci Rosenstein

Signature of Registered Agent

05-26-2021

Date

If signing on behalf of an entity:

Traci Rosenstein

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)