

PO1000075794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

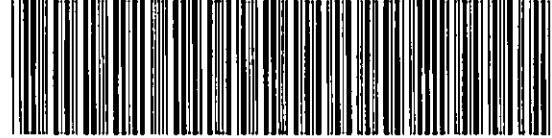
(Business Entity Name)

(Document Number)

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C. GOLDEN

DEC 20 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Outpatient Pain & Wellness Center
Name of Corporation

DOCUMENT NUMBER: 801000075794

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:

Debra Barnionvevo
Name of Contact Person

Outpatient Pain & Wellness Center
Firm/Company

4602 N Armenia Ave. Suite B-5
Address

Tampa FL 33603
City/State and Zip Code

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

For further information concerning this matter, please call:

Harmy Leotta at (813) 545-4431
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2017

KATHY LEOTTA
4602 N ARMENIA AVENUE
SUITE B-5
TAMPA, FL 33603

SUBJECT: OUTPATIENT PAIN AND WELLNESS CENTER, INC.
Ref. Number: P01000075794

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please list the complete date regarding the registered agents signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 517A00024209

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Outpatient Pain & Wellness Center, Inc.
2. The principal office address: 4602 N Armenia Ave. Suite B-5
Tampa, FL 33603
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/30/2001 Document number: P01000075794

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)

Sean Leotta
1863 Bridgewater Dr
Lake Mary FL 32746

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

Sean Leotta
11437 Waterstone Loop Dr
P.O. Box NOT acceptable
Windermere, FL 34786

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.

Murphy Kohn
Signature of an officer or director

Murphy Leotta
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.

SL
Signature of Registered Agent

12/12/17
Date

If signing on behalf of an entity:

Sean Leotta
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

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