

PO2000003262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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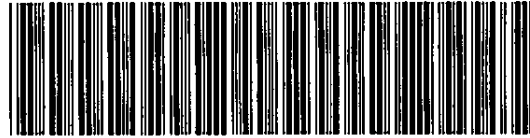
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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APR 15 2016

K. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: North Pinellas Childrens Medical Center
Name of Corporation Inc.

DOCUMENT NUMBER: P020000003262

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:

Michael Franks
Name of Contact Person
North Pinellas Childrens Medical Center
Firm/Company Inc.
31860 US HWY 19 N
Address
Palm Harbor FL, 34684
City/State and Zip Code
Michael.Franks@npcmcweb.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Franks at (727) 772-2129
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: North Pinellas Childrens Medical Center, Inc.
2. The principal office address: 31860 US HWY 19 N
Palm Harbor, FL 34684
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 1/8/2002 Document number: PO2000003262
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)


PANTAGES, EFSTRATIOS
4210 EAGLE WATCH BLVD
PAUM HARBOR, FL 34685

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

PANTAGES, EFSTRATIOS
31860 US 19 N.
P.O. Box NOT acceptable
PAUM HARBOR, FL 34684

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

Dean H Faubel
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.

* 
Signature of Registered Agent

4-4-16
Date

If signing on behalf of an entity:

Efstratios Pantages
Typed or Printed Name

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

FILED
16 APR 14 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FL 32304