

02000049158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

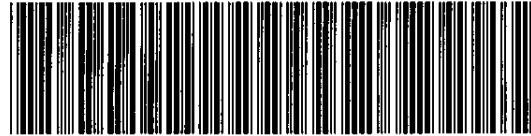
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/26/11
TL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Adena Medical Services DBA Atlantis Urgent Care
Name of Corporation

DOCUMENT NUMBER: P02000049158

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:

Annette Smith
Name of Contact Person

Adena Medical Services DBA Atlantis Urgent Care
Firm/Company

2194 Hwy A1A Unit 106
Address

Indian Harbour Beach, FL 32937
City/State and Zip Code

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

For further information concerning this matter, please call:

Annette Smith at (321) 777-2151
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: Adena Medical Services, Inc.
2. The principal office address: 2194 Hwy A1A Unit 106
Indian Harbour Beach, FL 32937
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/03/2002 Document number: P02000049158
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)

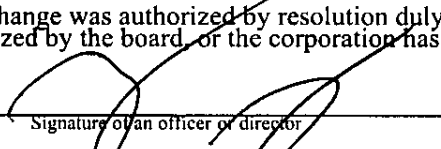
Bjorn Dimberg
7825 S Hwy A1A
Melbourne Beach, FL 32951

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

Bjorn Dimberg
2194 Hwy A1A Unit 106
P.O. Box NOT acceptable
Indian Harbour Beach, FL 32937

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

Bjorn Dimberg, 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.



Signature of Registered Agent

05/23/2011

Date

If signing on behalf of an entity:

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 (8/05)

11 MAY 26 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA