

9/23/22 11:53 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : PARANET CORPORATION SERVICES, INC.
Account Number : I20090000069
Phone : (800)277-9977
Fax Number : (800)815-0477

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: emontalvo@csmedicalbilling.com

REGISTERED AGENT CHANGE

DOCTOR'S PAIN MANAGEMENT GROUP OF WESLEY CHAPEL, INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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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: DOCTOR'S PAIN MANAGEMENT GROUP OF WESLEY CHAPEL, INC.
2. The principal office address: ~~29442 STATE RD 34~~ 8939 N. Dale Mabry Hwy
WESLEY CHAPEL, FL 33542 Tampa, FL 33614
3. The mailing address (if different): 8939 N DALE MABRY HWY, TAMPA, FL 33614
4. Date of incorporation/qualification: 05/25/2005 Document number: P05000076895
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)

CF REGISTERED AGENT, INC.

100 S. Ashley Drive, Suite 400

Tampa, FL 33602

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

NRAI Services, Inc

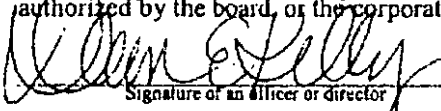
1200 South Pine Island Road

Plantation, FL 33324

P.O. Box NOT acceptable

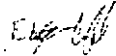
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Dawn Kelly, 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

09/22/2022
Date

If signing on behalf of an entity:

Elizabeth Crawford - Assistant Secretary
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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