

P05000152976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

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MAIL

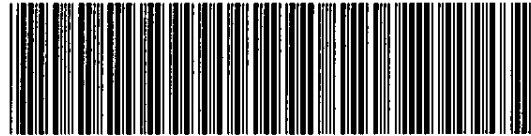
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Change

12/02/10--01014--016 **35.00

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2010 DEC -2 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Doc
12/16/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Infinity Health of South Florida
Name of Corporation

DOCUMENT NUMBER: P05000152976

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:

Joseph A Wilson Sr

Name of Contact Person

Infinity Health of South Florida

Firm/Company

10242 NW 47th St, Suite 45

Address

Sunrise, FL 33351

City/State and Zip Code

infinityhealthsf@bellsouth.net

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

For further information concerning this matter, please call:

Joseph Wilson Sr

Name of Contact Person

at (954)

600-1996

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

1. The name of the corporation: Infinity Health of South Florida
2. The principal office address: 10242 NW 47th St, Suite 45
Sunrise, FL 33351
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/17/2005 Document number: P05000152976
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)

Steven Ballinger

888 S Andrews Ave, Suite 205

Fort Lauderdale, FL 33316

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

Joseph A Wilson Sr

10242 NW 47th St, Suite 105

P.O. Box NOT acceptable

Sunrise, FL 33351

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TALLAHASSEE, FLORIDA

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.

Joseph A Wilson Sr JOSEPH A Wilson Sr - President
Signature of an officer or director 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.

Joseph A Wilson Sr 11/30/10
Signature of Registered Agent 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)