

PO60000067752

\_\_\_\_\_  
(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  
DIVISION OF CORPORATIONS  
2015 APR 13 AM 10:42

RA/RO/CH8  
@ 4.15.15



CORPORATION SERVICE COMPANY

CSC - WILMINGTON  
Suite 400  
2711 Centerville Road  
Wilmington De 19808  
800-927-9800  
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard      lindsey.lockard@cscglobal.com

Date: April 10, 2015

Order#: 570669/004

Re: AMBIENT HEALTHCARE OF NORTHEAST FLORIDA, INC.

Enclosed please find:

XX      Change of Registered Agent and Office.  
XX      Check in the amount of \$35.00.

Please take the following action:

XX      File in your office on a routine basis.  
XX      Issue Proof of Filing.  
XX      Return Regular Mail in the enclosed envelope.

Attn:Lindsey Lockard  
c/o Corporation Service Company  
2711 Centerville Road, Suite 400  
Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

1. The name of the corporation: AMBIENT HEALTHCARE OF NORTHEAST FLORIDA, INC.
2. The principal office address: 15851 SW 41 STREET #600 DAVIE FL 33331
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 05/12/2006 Document number: P06000067752
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)

BAUMAN BRYAN W

15851 SW 41 STREET

DAVIE

FL 33331

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

Corporation Service Company

1201 Hays Street


P.O. Box NOT acceptable

Tallahassee

FL 32301

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

Dona Priebe Vice 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.*

**Corporation Service Company**

By:   
\_\_\_\_\_  
Signature of Registered Agent

April 02, 2015  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Grace E. Kirby, Assistant Vice President  
\_\_\_\_\_  
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 (03/12)

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