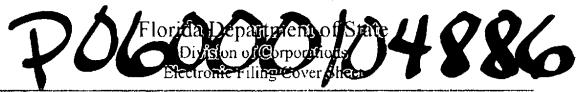
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Division of Corporations



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: (850)617-6380

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

Em 3	÷	1	Address:	
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REGISTERED AGENT CHANGE RIVER CITY MEDICAL ASSOCIATES, INC.

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MAR 16 2022

From: Lexus Wing

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	nge is submitted for a corpora r to change its registered office	e or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: River City Med	dical Associates, Inc.
	office address: 6947 Merrill Ro	
		Document number: P06000104886
5. The name and	•	egistered agent and registered office on file with the
	Vipul R Patel	· 20
	504 E Kesley Ln Jacksonville, l	FL 32259
6. The name and (if changed):	street address of the new regis	stered agent (if changed) and /or registered office
	1200 South Pine Island Road	
		P.O. Box. NOT acceptable
	Plantation, Florida 33324	
The street addre	ss of its registered office and be identical.	the street address of the business office of its registered agent,
Such change wa authorized by th	s authorized by resolution dul e board, or the corporation ha	ly adopted by its board of directors or by an officer so is been notified in writing of the change.
Isl Ioe Davis		Joe Davis, Secretary
I hereby accept I further agree t of my duties, and document is bein	o comply with the provisions d I ani familiar with and acce ng filed merely to reflect a cho been notified in writing of th	Printed or typed name and title I agent and agree to act in this capacity. of all statutes relative to the proper and complete performance pt the obligation of my position as registered agent. Or, if this unge in the registered office address, I hereby confirm that the is change.
Ist M	chele Hoiden	3/14/2022
Sign	nature of Registered Agent	Dute
If signing on bel	half of an entity:	
Michele Holden,	Assistant Secretary	
Ty	ped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPAREMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

By: