

PD6DDDD114357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

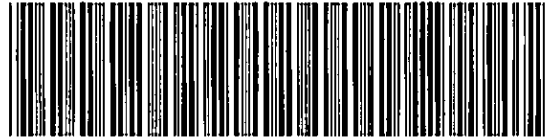
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000321563660

12/03/18--01037--010 **35.00

FILED
2018 DEC -3 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R O / C H 8

DEC 10 2018

1 ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PROFESSIONAL HEALTH CONSULTANTS, INC.

Name of Corporation

DOCUMENT NUMBER: P06000116357

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:

DAVID SALAZAR

Name of Contact Person

PHC

Firm/Company

11405 N BAYSHORE DR.

Address

NORTH MIAMI , FL 33181

City/State and Zip Code

dsalazar@prohealthconsultants.com

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

For further information concerning this matter, please call:

DAVID SALAZAR

Name of Contact Person

305 753-6723

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: PROFESSIONAL HEALTH CONSULTANTS, INC.
2. The principal office address: 11405 NORTH BAYSHORE DR.
NORTH MIAMI, FLORIDA 33181-3213
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/08/2006 Document number: P06000116357

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)

DAVID SALAZAR

7791 NW 46TH ST #427

DORAL, FLORIDA 33166

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

DAVID SALAZAR


11405 NORTH BAYSHORE DR.

P.O. Box NOT acceptable

NORTH MIAMI, FLORIDA 33181-3213

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

DAVID SALAZAR-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

11-26-2018

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 (03/12)

FILED
2018 DEC -3 PM 3:27
TALLAHASSEE, FLORIDA
SECRETARY OF STATE