

PD8000048133

(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



700286277537

06/02/16--01020--028 **35.00

RECEIVED
TALLAHASSEE FLORIDA

16 JUN -2 AM 7:15

FILED

Rk Chg
JUN 06 2016

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OSTEOPATHIC HERITAGE PROFESSIONAL ASSOCIATION
Name of Corporation

DOCUMENT NUMBER: P08000048133

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:

Lorrie Beach

Name of Contact Person

Immediate Medcare & Family Doctor

Firm/Company

959 W. Jefferson St.

Address

Brooksville, FL. 34601

City/State and Zip Code

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

For further information concerning this matter, please call:

Lorrie Beach

Name of Contact Person

at (352) 799-7000

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**

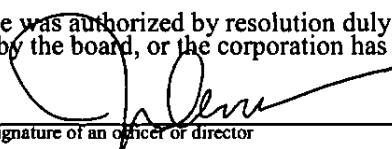
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Osteopathic Heritage Professional Association
2. The principal office address: 959 W. Jefferson St.
Brooksville, FL. 34607
3. The mailing address (if different): 120 Medical Blvd. Suite 103
Spring Hill, FL. 34609
4. Date of incorporation/qualification: 01/01/2010 Document number: P08000048133
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)
Grove, Jeffrey S.
17222 Hospital Blvd. Suite 226
Brooksville, FL. 34601
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Grove, Jeffrey S.
959 W. Jefferson St.
P.O. Box NOT acceptable
Brooksville, FL. 34601

16 JUN - 2 AM 7:15
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.

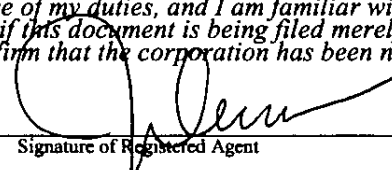


Signature of an officer or director

Jeffrey S. GROVE, owner

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

May 19, 2016

Date

If signing on behalf of an entity:

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *