

PO 15249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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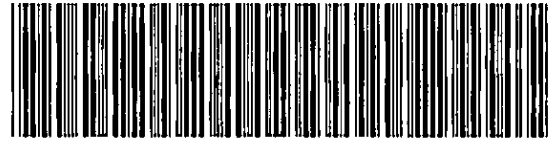
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

MAY 22 2018  
S. YOUNG

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Southcoast Orthopedics Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P09000018242

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:

Mindi Paruta

Name of Contact Person

Southcoast Orthopedics

Firm/Company

1239 SE Indian St 104

Address

Stuart FL 34997

City/State and Zip Code

mpsouthcoast@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mindi Paruta

Name of Contact Person

at ( 561 ) 8426614

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: Southcoast Orthopedics, inc.
2. The principal office address: 1239 SE Indian St #104  
Stuart Fl. 34997
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/09 Document number: P09000018242
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)

Mindi Paruta

2843 N Miller Dr

Palm Beach Gardens, FL 33410

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

Mindi Paruta

1270 SE Macarthur Blvd

P.O. Box NOT acceptable

Stuart, FL 34996

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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.

Mindi Paruta  
Signature of an officer or director

MINDI PARUTA VP  
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.*

Mindi Paruta  
Signature of Registered Agent

5/10/18  
Date

If signing on behalf of an entity:

MINDI PARUTA  
Typed or Printed Name

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