

P09000025311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

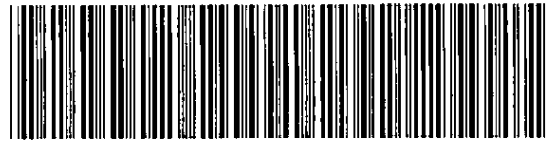
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Pensa Health Management, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P09000035371

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:

Pensa Health Management, Inc.

Name of Contact Person

Deborah Giambruno

Firm/Company

Address

830 A1A North, Suite 13-404, Ponte Vedra Beach, FL 32082

City/State and Zip Code

deborah@giambrunolaw.com

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

For further information concerning this matter, please call:

Deborah Giambruno

Name of Contact Person

at (904) 294-3243

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: PENSA Health Management, Inc.  
2. The principal office address: 830 A1A North, Suite 13-404, Ponte Vedra Beach, FL 32082

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 4/20/2009 Document number: P09000035371

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)

Deborah Giambruno  
1 Village Walk Court  
Ponte Vedra Beach, FL 32082

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

Deborah Giambruno  
830 A1A North, Suite 13-404  
P.O. Box NOT acceptable  
Ponte Vedra Beach, FL 32082

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.

Deborah Giambruno  
Signature of an officer or director

Deborah Giambruno - General Counsel  
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.*

Deborah Giambruno  
Signature of Registered Agent

5/27/24  
Date

If signing on behalf of an entity:

Deborah Giambruno  
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 (04/13)