

P0900000 38926

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 MAR -1 PM 4:00

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MAR-08-2019

T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

Independent Nurse Anesthesia Providers, Inc.
SUBJECT: _____
Name of Corporation

P09000038926

DOCUMENT NUMBER: _____

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:

Nicholas M. Kalynych, DNP, CRNA

Name of Contact Person

Independent Nurse Anesthesia Providers, Inc.

Firm/Company

7058 Snowy Canyon Drive , Suite 105

Address

Jacksonville Florida 32256-8556

City/State and Zip Code

nmkalynych@gmail.com

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

For further information concerning this matter, please call:

Nicholas Kalynych, DNP, CRNA

904

412-2593

Name of Contact Person

at (_____) _____
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: Independent Nurse Anesthesia Providers, Inc.
2. The principal office address: 690 Majestic Eagle Drive Ponte Vedra Florida 32081
3. The mailing address (if different): 7058 Snowy Canyon Drive Suite 105 Jacksonville Florida 32256-

4. Date of incorporation/qualification: 05/01/2009 Document number: P09000038926

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)

Nicholas M. Kalynych
690 Majestic Eagle Drive
Ponte Vedra, Florida 32081


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

Nicholas M. Kalynych, DNP, CRNA
7058 Snowy Canyon Drive, Suite # 105
Jacksonville Florida 32256-8556

P.O. Box NOT acceptable

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

Nicholas M. Kalynych CEO/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

2/15/2018

Date

If signing on behalf of an entity:

Nicholas M. Kalynych

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)