(Requestor's Name)				
(Address)	0001597590			
(Address)	. 0001007000			
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL	جنه .			
(Business Entity Name)	• •			
(Document Number)	08/20/0901008000			
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COVER LETTER

TO:	O: Amendment Section Division of Corporations							
SUBJ	ECT:	Crestview Urgent Care Name of Cor						
DOC	UMENT NU	JMBER: P09000041474						
The en	nclosed State	ement of Change of Registered Office/	Agent and fee are submitted for filing.					
Please	return all co	orrespondence concerning this matter t	o the following:					
Charlie Clancy								
		Name of Cont	act Person					
Crestview Urgent Care, Inc.								
		Firm/Con	npany					
1502 South Ferdon Blvd.								
		Addre	SS					
Crestview, FL 32536								
		City/State and	Zip Code					
		LUCKY2WED@Cox.						
	E-mail address: (to be used for future annual report notification)							
For fu	rther inform	ation concerning this matter, please ca	11:					
		W. Royston	at (770) 569-0510 Area Code & Daytime Telephone Number					
	Na	me of Contact Person	Area Code & Daytime Telephone Number					
Enclo	sed is a \$35.	00 check made payable to the Departm	ent 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

statement of cha	nge is submitted fo	ions 607.0502, 617.050 or a corporation organ gistered office or registe	nized under the laws	of the State of _	Florida	_
1. The name of the	he corporation:	Crestview U	rgent Care,	Inc.		
2. The principal	•	1502 South I	Ferdon Blvd.	•		
		Crestview, I	FL 32536			
3. The mailing ac	ddress (if different	t):132 Monaha	an Drive			
		Ft. Walton	n Beach, FL	32547		
4. Date of incorp	oration/qualificati	ion: 5-8-2009	Document nur	mber:P0900	00041474	
		the current registered a resigned, enter resigne		office on file wi	th the	
	Robe	ert E. Sundius	s, Jr.		_	
	3749	-D Gulf Breez	ze Pkwy.			
	Gulf	Breeze, FL	32563		_	
6. The name and (if changed):	street address of t	the new registered ager	nt (if changed) and /c	or registered off	2009 AUG 20 PH SECRETARY OF SECRETARY OF SEC	
	Char	lie Clancy	·		- 部 6	* 1
	132	Monahan Drive	3		20 ARY ASSI	TILE
•		P.O. Box NO	•		- mg - 2	C
	Ft.	Walton Beach,	FL 32547		- SEA	
The street addres as changed will b	ss of its registered be identical.	d office and the street	address of the busir	ness office of it	is registered agen	ıt,
Such change was authorized by the	s authorized by re e board, or the co	esolution duly adopted orporation has been no	I by its board of directified in writing of	ectors or by an the change.	officer so	
win	- The				on, Treasu	rer
-	he appointment as comply with the lam familiar with the filed merely to been notified in v	" as registered agent an provisions of all stati ith and accept the obli reflect a change in th writing of this change.		or typed name and the construction of the cons		ce iis ie
1 an	7		8/10/8	09		_
/	ature of Registered Age	.nt		Date		•
If signing on be	•					
	e Clancy					
Гу	ped or Printed Name					

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