

PO9000059243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, 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: Rynn M. Greene, M.D., PH.D., P.A.
2. The principal office address: 2731 EXECUTIVE PARK DRIVE, SUITES 1 & 2, WESTON, FL 33331

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/10/2009 Document number: P09000019243

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)

CF Registered Agent, Inc.

100 S. Ashley Drive, Suite 400

Tampa, FL 33602

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

Allison Dauer Greene

2731 Executive Park Dr., Ste. 1 & 2

P.O. Box NOT acceptable

Weston, FL 33331

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]
Signature of an officer or director

Ryan M. Greene, M.D., 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]
Signature of Registered Agent

1/9/2025
Date

If signing on behalf of an entity:

Allison Dauer Greene
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

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