

PO9000087043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

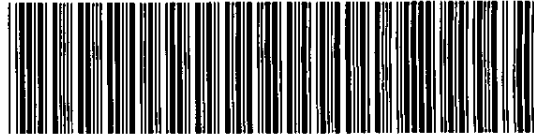
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 06 2014

C. CARROTHERS

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15 JUL -2 AM 10:42

DEPARTMENT OF CORPORATIONS

Date: 07/02/2015

Account #: I20000000088

Name: Michelle Walker

Reference #: C013679

ENTITY NAME: MDLIVE MEDICAL GROUP, P.A.

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Annual Report
- ☒ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other: _____

Authorized Amount: \$35

Signature: Michelle Walker

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: MDLIVE MEDICAL GROUP, P.A.
2. The principal office address: _____
13630 NW 8TH STREET, SUITE 205 SUNRISE FL 33325
3. The mailing address (if different): _____
13630 NW 8TH STREET, SUITE 205 SUNRISE FL 33325
4. Date of incorporation/qualification: October 22, 2009 Document number: P09000087043
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)

F&L CORP.

ONE INDEPENDENT DRIVE, SUITE 1300

JACKSONVILLE, FL 32202-5017

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

National Corporate Research, Ltd., Inc.

115 North Calhoun St., Suite 4

P.O. Box NOT acceptable

Tallahassee, FL 32301

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.

R. Parker
Signature of an officer or director

Bandy Parker CEO
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.

Sean Honan
Signature of Registered Agent

07/01/2015
Date

If signing on behalf of an entity:

SEAN HONAN, ASSISTANT SECRETARY

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)

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