

P10000022071

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.

TBrown 10-25-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: URGENTMED 17TH STREET CAUSEWAY INC
Name of Corporation

DOCUMENT NUMBER: P10700022071

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:

LOUIS A RALEY

Name of Contact Person

Firm/Company

3469 W BOYNTON BEACH BLVD, SUITE 18

Address

BOYNTON BEACH FL 33436

City/State and Zip Code

RALEYCPA@HOYMAXL.COM

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

For further information concerning this matter, please call:

LOUIS A RALEY

Name of Contact Person

at (561) 734-1451

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2011

LOUIS A RALEY
3469 W BOYNTON BEACH BLVD STE 18
BOYNTON BEACH, FL 33436

SUBJECT: URGENTMED 17TH STREET CAUSEWAY, INC
Ref. Number: P10000022071

We have received your document for URGENTMED 17TH STREET CAUSEWAY, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 711A00023160

**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: URGENTMED 17TH STREET CAUSEWAY, INC
2. The principal office address: 721 S.E. 17TH STREET, 2ND FLOOR
FT. LAUDERDALE, FL 33316-2983 US
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 3/11/2010 Document number: P10000022071
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)

CASSIDY, BERNARD M

1 EAST BROWARD BLVD 1410

FORT LAUDERDALE, FL 33301 US

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

RALEY, LOUIS A

3469 W BOYNTON BEACH BLVD. #18

P.O. Box NOT acceptable

BOYNTON BEACH, FL 33436

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

Joan Hansen 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

9/28/2011
Date

If signing on behalf of an entity:

Typed or Printed Name

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