

P100000059317



New
Medicine
Foundation

321 SE Osceola St.
Stuart, Florida 34994 USA
newmedicinefoundation.org

(Address)

(City/State/Zip/Phone #)

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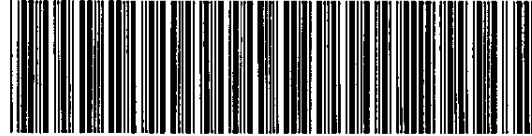
(Business Entity Name)

(Document Number)

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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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NMF, MENICAL CORPORATION
2. The principal office address: 215 NW FLAGLER AVE, SUITE #301
STUART, FL 34994
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/19/2010 Document number: P10000059317
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)

EDWARD W PEARSON, MD
215 SE FEDERAL HIGHWAY #301
STUART, FL 34994


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

EDWARD W. PEARSON, MD
215 NW FLAGLER AVE, SUITE #301
STUART, FL 34994

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

EDWARD W. PEARSON
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

1/27/14
Date

If signing on behalf of an entity:

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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