

P10000062748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

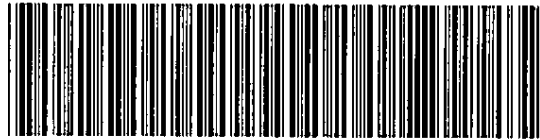
(Business Entity Name)

(Document Number)

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02/13/17--01036--003 \*\*35.00

March  
FEB 17 2017

17 FEB 13 21:05

Panama City Psychiatric Care

Gary D. Gorman, M.D.

217 Forest Park Circle

Panama City, FL 32405

(850) 348-6564

Fax (850)747-0972

February 10, 2017

Hello!

I have changed accountants, so I have included my notice of change with a check for thirty five dollars.

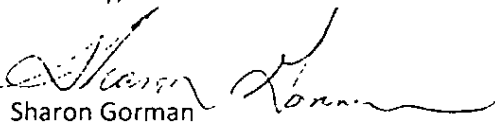
I also wanted to note that when I search our corporation by name online it shows our current address of 217 Forest Park Circle under Principal Address and Mailing Address, but the portion under Officer/Director detail our old address of 700 W. 23<sup>rd</sup> street still shows. We are no longer at that address, I am requesting that it be updated to show the 217 Forest Park Circle address.

Corporation: Panama City Psychiatric Care, Inc.

## P0000062748

Thanks so much & have a great day!

Sincerely,

  
Sharon Gorman

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Panama City Psychiatric Care  
Name of Corporation

DOCUMENT NUMBER: P0000062748

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:

Sharon Gorman  
Name of Contact Person

Panama City Psychiatric Care  
Firm/Company

217 Forest Park Circle  
Address

Panama City FL 32405  
City/State and Zip Code

PCPSYCHCARE@comcast.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Gorman at ( 850 ) 348-6564  
Name of Contact Person 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

**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: Panama City Psychiatric Care  
2. The principal office address: 217 Forest Park Circle  
Panama City FL 32405  
3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 8/1/10 Document number: P0000062748

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)

G Chuck Taylor CPA  
2589 Jenks Avenue  
Panama City FL 32405

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

Daniel Griffin, CPA, PA.  
275 Forest Park Circle  
P.O. Box NOT acceptable  
Panama City FL 32405

17 FEB 13 PM 4:05

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

Sharon Gorman Vice 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

2/10/17  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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