

P110000 48755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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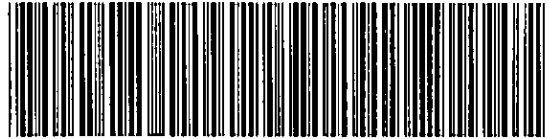
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATE &  
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4/9/20

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Physicians Lab, Inc.

Name of Corporation

**DOCUMENT NUMBER:** P11000048755

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:

Allison Roy

Name of Contact Person

Physicians Lab, Inc.

Firm/Company

4850 T-Rex Ave., Suite 150

Address

Boca Raton, FL 33431

City/State and Zip Code

legal@physicianslab.com

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

For further information concerning this matter, please call:

Allison Roy

Name of Contact Person

at ( 561 )

406-0601

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Physicians Lab, Inc.
2. The principal office address: 4850 T- Rex Avenue, Suite 150, Boca Raton, FL 33431
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/25/2011 Document number: P11000048755
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)

Jones Foster Service, LLC

505 South Flagler Drive Suite 1100 West Palm Beach, FL 33401

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

The Law Offices of Jeff Cohen, P.A.

151 NW 1st Avenue

P.O. Box NOT acceptable

Delray Beach, FL 33444

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.

David Kessler  
David Kessler (Mar 24, 2020)

Signature of an officer or director

David Kessler, 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

03/25/2020

Date

If signing on behalf of an entity:

Chase E. Howard, Esq.

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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