

P12000057999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

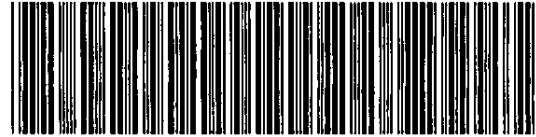
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/19/13--01012--024 **35.00

APR 25 2013

R. WHITE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 APR 19 AM 9:47

FILED



April 15, 2013

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: CCS Florida Medical Services, P.A.

Please process the attached Statement of Change of Registered Agent for the above-referenced entity. Attached is a check in the amount of \$35.00 for the filing fee. For your reference, the enclosed Resignation of Registered Agent for a Corporation was mailed to the Division of Corporations last week.

If you need anything further to complete this request, please contact me at kpowell@correctcaresolutions.com or 615-815-2794. Thank you for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "Kathy Powell".

Kathy Powell
Contracts Paralegal

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CCS Florida Medical Services, P.A.
Name of Corporation

DOCUMENT NUMBER: P12000057999

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:

Kathy Powell

Name of Contact Person

Correct Care Solutions, LLC

Firm/Company

1283 Murfreesboro Pike, Suite 500

Address

Nashville, TN 37212

City/State and Zip Code

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

For further information concerning this matter, please call:

Kathy Powell

Name of Contact Person

at 615 815-2794

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: CCS Florida Medical Services, P.A.
2. The principal office address: 2800 S. Bumby Avenue, Orlando, FL 32806
3. The mailing address (if different): n/a
4. Date of incorporation/qualification: 2012 Document number: P12000057999
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)

Resigned

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

Business Filings Incorporated

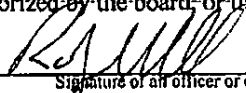
515 E. Park Avenue

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.


Signature of an officer or director

Randy Marshall, Secretary and Treasurer
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.

Mary Jo Spalinger
Signature of Registered Agent

4-15-2013
Date

If signing on behalf of an entity:

Mary Jo Spalinger, Asst. 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)

FILED
13 APR 19 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA