

P120000093663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

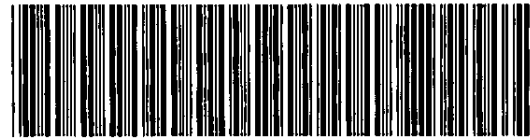
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: All Womens Midwifery & Health Care, P.A.
Name of Corporation

DOCUMENT NUMBER: P12000093663

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:

Connie M. Hale

Name of Contact Person

All Womens Midwifery & Health Care, P.A.

Firm/Company

4065 Mariner Blvd.

Address

Spring Hill, FL 34609

City/State and Zip Code

mhalecnm@gmail.com

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

For further information concerning this matter, please call:

Connie M. Hale

Name of Contact Person

at (352) 442-8444

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: All Women's Midwifery & Healthcare, P.A.
2. The principal office address: 4065 Mariner Blvd., Spring Hill, FL 34609

3. The mailing address (if different): 5121 Aromatic Court
Spring Hill, FL 34607

4. Date of incorporation/qualification: 11/09/2012 Document number: P12000093663

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)

Brian C. Morris, Esquire

13218 Spring Hill Dr.

Spring Hill, FL 34609

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

Connie M. Hale

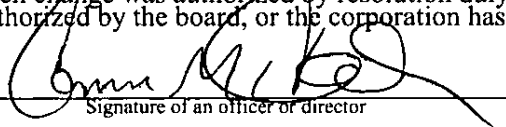
5121 Aromatic Court

P.O. Box NOT acceptable

Spring Hill, FL 34607

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

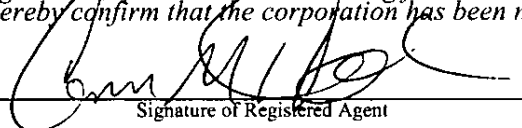
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

CONNIE M. HALE, 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. ~~On~~ 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

10-1-2014
Date

If signing on behalf of an entity:

Connie M. Hale

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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