

P130000 25916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900329423039

05/17/19--01019--016 **35.00

FILED

2019 MAY 17 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FL

JUN 03 2019
C Kinse

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AFC PHYSICIANS OF FLORIDA, P.A.
Name of Corporation

DOCUMENT NUMBER: P13000025916

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:

Amanda E. Taylor

Name of Contact Person

Houston Taylor PLLC

Firm/Company

146 2nd St N, Suite 101

Address

Saint Petersburg, FL 33701

City/State and Zip Code

amanda@houstontaylorlaw.com

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

For further information concerning this matter, please call:

Amanda Taylor

Name of Contact Person

at (727) 205-7295

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: AFC PHYSICIANS OF FLORIDA, P.A.
2. The principal office address: 3700 Cahaba Beach Road
Birmingham, AL 35242
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/19/2013 Document number: P13000025916

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)

ROOFNER, TY G, ESQ

200 S ORANGE AVE SUITE 800

ORLANDO, FL 32801

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

HT Agents, LLC

146 2nd St N, Suite 101

P.O. Box NOT acceptable

Saint Petersburg, FL 33701


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

IRWIN, DONALD BRUCE, DR. CEO
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

05/01/2019

Date

If signing on behalf of an entity:

Amanda E. Taylor

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
2019 MAY 17 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FL