Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000195044 3)))



H250001950443ABC/

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			

## REGISTERED AGENT CHANGE AFC PHYSICIANS OF FLORIDA, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

A. RAMSEY

Electronic Filing Menu Corporate Filing Menu

Help

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	er to change its registered office of the corporation: AFC PHYSICIA	or registered agent, or both, in the State of Florida.
The name of The principal	office address: 3700 Cahaba Beac	ch Road, Birmingham, AL 35242
3. The mailing a	address (if different):	
4. Date of incoq	poration/qualification: 03/19/2013	Document number: P13000025916
	d street address of the current regi rtment of State: (If resigned, enter	stered agent and registered office on file with the resigned)
	HT AGENTS, LLC	A CONTRACTOR OF THE PARTY OF TH
	146 2ND N, STE 101	
	ST PETERBURG, FL 32801-3370	
6. The name and (if changed):	d street address of the new registe	red agent (if changed) and /or registered office
	Corporate Creations Network Inc.	··
	801 US Highway 1	
		P.O. Box NOT acceptable
	North Palm Beach, FL 33408	
The street addresses changed will	ess of its registered office and the be identical.	e street address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has l	adopted by its board of directors or by an officer so been notified in writing of the change.
Cry	estal Thackoor	Crystal Thackoor, Attorney-in-Fact
	re of an officer or director	Printed or typed name and title
l further agree i of my duties, an document is bei	the appointment as registered a to comply with the provisions of ad I am familiar with and accept ing filed merely to reflect a chan s been notified in writing of this i	gent and agree to act in this capacity. all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ge in the registered office address. I hereby confirm that the change.
Crys	tal Thackoor	5/30/2025
Sig	nature of Registered Agent	Date
If signing on be	half of an entity:	
Crystal Tha	ckoor, Special Manager	
T	yped or Printed Name	_

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