

P13000093551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

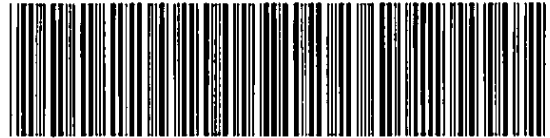
(Business Entity Name)

(Document Number)

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2018 OCT 19 PM 4: 52

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 451649 8108485
AUTHORIZATION : *[Signature]*
COST LIMIT : \$35.00

2018 OCT 19 PM 4:05

ORDER DATE : October 19, 2018

ORDER TIME : 2:07 PM

ORDER NO. : 451649-025

CUSTOMER NO: 8108485

CHANGE OF AGENT

NAME: U.S. HEALTH CORP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY

CONTACT PERSON: ROXANNE TURNER EXT 62969

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: U.S. HEALTH CORP

Name of Corporation

DOCUMENT NUMBER: P13000093551

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:

Jared Hirsch, Esq.

Name of Contact Person

U.S. HEALTH CORP

Firm/Company

1515 NW 167th St., Suite 337

Address

Miami Gardens FL 33169

City/State and Zip Code

jhirsch@niznikhealth.com

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

For further information concerning this matter, please call:

Jared Hirsch, Esq.

786

9233369

at ()

Name of Contact Person

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

2010 OCT 19 PM 1:48 04

**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: U.S. HEALTH CORP
2. The principal office address: 1515 NW 167th St., Suite 337, Miami Gardens FL 33169
3. The mailing address (if different): 1515 NW 167th St., Suite 337, Miami Gardens FL 33169
4. Date of incorporation/qualification: 11/18/2013 Document number: P13000093551
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)

NIZNIK, ROBERT G

1966 NE 123RD ST. SUITE 210

NORTH MIAMI

FL 33181

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

Corporation Service Company

1201 Hays Street

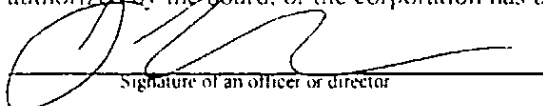
P.O. Box NOT acceptable

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

Jared Hirsch, Esq.

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.

Corporation Service Company

By: 
Signature of Registered Agent

10/19/18
Date

If signing on behalf of an entity:

Roxanne Turner
Asst. Vice President

Typed or Printed Name

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