

P1410000 22413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

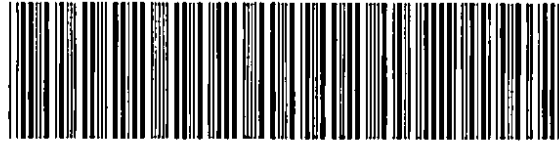
(Business Entity Name)

(Document Number)

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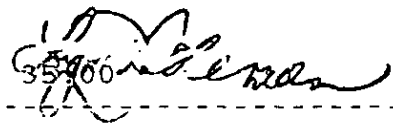
CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 761462 8125903

AUTHORIZATION :

COST LIMIT : \$ 35,000



ORDER DATE : August 9, 2017

ORDER TIME : 9:53 AM

ORDER NO. : 761462-005

CUSTOMER NO: 8125903

CHANGE OF AGENT

NAME: BLUE WATER PAIN SOLUTIONS,  
P.A.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender -- EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BLUE WATER PAIN SOLUTIONS, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P14000022413

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:

Regina Ann Costa

Name of Contact Person

Envision Physician Services

Firm/Company

7700 West Sunrise Boulevard

Address

Plantation, Florida 33322

City/State and Zip Code

corporateparalegal@shcr.com

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

For further information concerning this matter, please call:

Regina Ann Costa

954 939 7785

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

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BLUE WATER PAIN SOLUTIONS, P.A.
2. The principal office address: 1951 SW 172ND AVENUE STE 314  
MIRAMAR, FL 33029
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 3/11/2014 Document number: P14000022413
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)

Corporation Service Company

1201 Hays Street

Tallahassee

FL 32301

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

Dr. Lowell Davis, M.D.

1951 SW 172nd Avenue, Ste. 314

P.O. Box NOT acceptable

Miramar, Florida

33029

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

Dr. Lowell Davis, M.D. - 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. 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

8/9/2017  
Date

If signing on behalf of an entity:

Dr. Lowell Davis

\_\_\_\_\_  
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)

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SECRETARY OF STATE