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Account Number : 075030000653 Phone : (904)359-7700 Fax Number : (904)359-7708

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

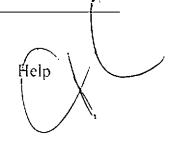
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## REGISTERED AGENT CHANGE FLAGLER PROFESSIONAL HEALTH CARE SERVICES, INC.

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

L. The name of t	the corporation: Flagler Professional Hea	lth Care Services, Inc.		
	office address: 400 Health Park Blvd., Sa		***************************************	
3. The mailing a	nddress (if different):	· • • • • • • • • • • • • • • • • • • •		
4. Date of incorp	poration qualification: 10/06/2016	Document number	P16000081810	
	d street address of the current registered rument of State: (If resigned, enter resign		e on file with the	
	Jill Berry			
	100 Whetstone Place Suite 203			
	St Augustina El 32086			
6. The name and (if changed):	d street address of the new registered ago	ent (if changed) and for re	gistered office (1) 22	
	Thomas William Young		2023 AUG 24 ELGAL IAR TALLAHA	T
	3007 SW Williston Rd, Ste 1120		74 XHA	Section 1
	Gainesville, FL 32608		66 51 99	
The street address changed will	ess of its registered office and the stree be identical.	t address of the business	office of its registered ger	t.
Such change wa	as authorized by resolution duly adopte he byard, or the corporation has been u	ed by its board of director officed in writing of the c	rs or by an officer so hange.	
- Carlo	1 Story of director	Carlton	~	
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent a to comply with the provisions of all sta ad I am familiar with and accept the ob- ing filed merely to reflect a change in t s been notified in writing of this change	nd agree to act in this capitudes relative to the prop digation of my position a he registered office addra e.	pacity, er and complete performan x registered agent, 'Or, if th ess,' I hereby confirm that to	ce iis ie
An Sq	isathic of Registered Agent	8(23,	13023	_
If signing on be	chalf of an entity:			
Thomas William	Voung			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04-13)