

P16 000 100 308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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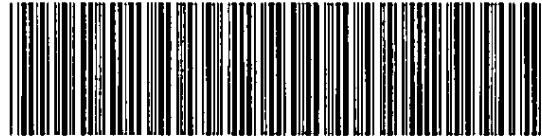
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS

FEB 05 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _____
Name of Corporation

TLC Medical Group, Inc.

DOCUMENT NUMBER: _____

P16000100308

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:

Name of Contact Person

Anthony B. Lewis, MD

Firm/Company

TLC Medical Group, Inc.

Address

537 NW Lake Whitney Place.

City/State and Zip Code

Pt St Lucie, FL-34986

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

eaglegolfputts.com

For further information concerning this matter, please call:

Name of Contact Person

772

528-9074

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: TLC Medical Group, Inc.
2. The principal office address: 537 NW Lake Whitney Pl
Suite 103, Pt St Lucie, FL - 34986
3. The mailing address (if different): 1391 NW St. Lucie W. Blvd.
4. Date of incorporation/qualification: 1/1/17 Document number: PL6000100308 #216
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) Nancy Witherow
10207 Isle of Pines Ct.
Pt St Lucie, FL - 34986

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

Anthony B. Lewis, M.D.
130 SE Rio Casarano
Pt. St. Lucie, FL - 34984
P.O. Box NOT acceptable

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]
Signature of an officer or director

Anthony B. Lewis MD
Printed or typed name and title
President

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]
Signature of Registered Agent

1/6/20
Date

If signing on behalf of an entity:

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 (04/13)

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