

P16000100308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

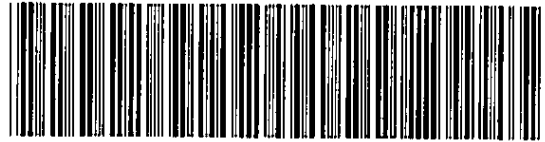
(Business Entity Name)

(Document Number)

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FILED

*R. J. Chong*

OCT 09 2021

ALBRITTON

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: TLC Medical Group, Inc  
Name of Corporation

DOCUMENT NUMBER: P1600010038

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:

Camillia Smith

Name of Contact Person

TLC Medical Group, Inc

Firm/Company

537 NW Lake Whitney Pl. # 103

Address

Pt St Lucie, FL - 34986

City/State and Zip Code

E-mail address: (to be used for future annual report notification)  
creeves@tlchearts.com

For further information concerning this matter, please call:

Camillia Smith at (772), 877-8578  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 \_\_\_\_\_ 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.  
\* 103 Pt St Lucie, FL - 34986
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 12/21/16 Document number: P16000100308
- 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)

Anthony Lewis, MD  
130 SE RIO CASEROND  
Pt St Lucie, FL 34984

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

Anthony B. Lewis, MD  
1391 NW St Lucie West Blvd  
P.O. Box NOT acceptable  
Pt St Lucie, FL 34986

\* 216

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.

x A. B. Lewis  
 Signature of an officer or director

Anthony B. Lewis MD  
 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.

x A. B. Lewis  
 Signature of Registered Agent

9/27/21  
 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