

P1700001084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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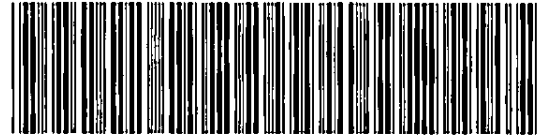
(Business Entity Name)

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TO: Amendment Section
Division of Corporations

SUBJECT: Suncoast CERTIFIED MEDICAL EXAMINERS INC
Name of Corporation

DOCUMENT NUMBER: P17000040848

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:

DAVID A GREENE
Name of Contact Person

Firm/Company

166 MAD RIVER RD
Address

THURNTON NH 03265
City/State and Zip Code

whitemtnsqay@gmail.com / g Radakovich.epa@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Radakovich at (941) 228-1150
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

