

P18000020548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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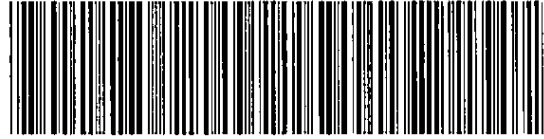
(Business Entity Name)

(Document Number)

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P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 11/15/2021

Name: Chris Vick

Reference #: 1522599

Entity Name: CAPITAL PREMIER WOMEN'S HEALTH, P.A.

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \_\_\_\_\_

\$35.00

Signature: \_\_\_\_\_

• CORPORATE HQ  
COGENCY GLOBAL INC  
10 FLORENCE ST., 10TH FL  
NY, NY 10016  
D: +1.212.947.7200  
P: 800.221.0102  
F: 800.944.6607

• EUROPEAN HQ  
COGENCY GLOBAL (UK) LIMITED  
REGISTERED IN ENGLAND & WALES,  
REGISTRY #301072  
6 LLOYDS AVE., UNIT 4CL  
LONDON EC3N 3AX  
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• ASIA PACIFIC HQ  
COGENCY GLOBAL (HK) LIMITED  
A HONG KONG LIMITED COMPANY  
UNIT B, 1/F, LIPPO LEIGHTON TOWER  
103 LEIGHTON RD, CAUSEWAY BAY  
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COGENCYGLOBAL.COM

Account#: I200000000088

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**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: CAPITAL PREMIER WOMEN'S HEALTH, P.A.
2. The principal office address: No Change
3. The mailing address (if different): No Change
4. Date of incorporation/qualification: 03/05/2018 Document number: P18000020548

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)

REZLEGAL, LLC  
816 A1A North, Suite 204  
Ponte Vedra Beach Florida 32082

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

COGENCY GLOBAL INC.  
115 North Calhoun Street, Suite 4  
P.O. Box NOT acceptable  
Tallahassee Florida 32301

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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.

/s/ Ovidiu Popa, M.D. Ovidiu Popa, M.D. Director  
Signature of an officer or director 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.*

/s/ Michael Carlisle 11/11/2021  
Signature of Registered Agent Date

If signing on behalf of an entity:

Michael Carlisle, Assistant Secretary  
Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*