

8/6/2020

Division of Corporations

P18000037555

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : URS AGENTS LLC
Account Number : I20150000127
Phone : (800)567-4397
Fax Number : (800)567-4398

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

Email Address: mmedeiros@sleepdata.com

REGISTERED AGENT CHANGE BETTERNIGHT MEDICAL GROUP P.A.

Certificate of Status	0
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Page Count	03
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Corporate Filing Menu

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COVER LETTER**TO:** Amendment Section
Division of Corporations**SUBJECT:** BETTERNIGHT MEDICAL GROUP P.A.
Name of Corporation**DOCUMENT NUMBER:** P18000037555

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:

JOHN W. CRONIN, MD

Name of Contact Person

BETTERNIGHT MEDICAL GROUP P.A.

Firm/Company

5471 KEARNY VILLA RD STE 200

Address

SAN DIEGO, CA 92123

City/State and Zip Code

mmedeiros@sleepdata.com

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

For further information concerning this matter, please call:

URS Agents C/O Kanetha Bishop at 800 567-4397

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 3230120 AUG - 6 10:11:15
STATE
DIVISION OF
CORPORATIONS

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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: BETTERNIGHT MEDICAL GROUP P.A.
2. The principal office address: 5471 KEARNY VILLA RD STE 200 SAN DIEGO, CA 92123
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/25/2018 Document number: P18000037555

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)

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTANTION, FL 33324

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

URS AGENTS, LLC

3458 LAKESHORE DRIVE

P.O. Box NOT acceptable

TALLAHASSEE, FL 32312

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.

John Cronin
Signature of an officer or director

John Cronin
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.

K.B.
Signature of Registered Agent

08/06/2020

Date

If signing on behalf of an entity:

Kanetha Bishop, Assistant Secretary

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 (03/12)

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