

P18 00000 8Z627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

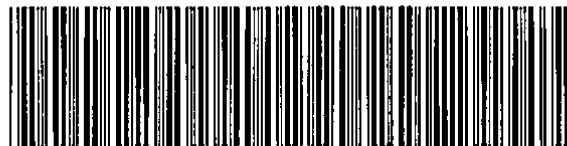
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000331621570

07/05/19 - 01/01 - 016 - 1135.00

JUL 17 2019

S. YOUNG

FILED

19 JUL - 3 14 7:00

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **Pro Active Pain Care P.A.**

Name of Corporation

DOCUMENT NUMBER: **P18000082627**

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:

Michael Martinez

Name of Contact Person

Pro Active Pain Care P.A.

Firm/Company

27160 Bay Landing Dr. Suite 200

Address

Bonita Springs, FL 34135

City/State and Zip Code

mikedmartinez82@gmail.com

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

For further information concerning this matter, please call:

Kristen Dunmire

Name of Contact Person

at **239 676-5665**

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: Pro Active Pain Care P.A.
2. The principal office address: 27160 Bay Landing Dr. Suite 200
Bonita Springs, FL 34135
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 9/25/18 Document number: P18000082627

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)

Physicians Resource LLC

1042 N US HWY 1 Suite 8

Ormond Beach, FL 32174

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

Michael Martinez

27160 Bay Landing Dr. Suite 200

P.O. Box NOT acceptable

Bonita Springs, FL 34135

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 of an officer or director

Michael Martinez, President

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.


Signature of Registered Agent

6/28/19
Date

If signing on behalf of an entity:

Michael Martinez
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)

FILED
JUL -5 AM 7:30
19