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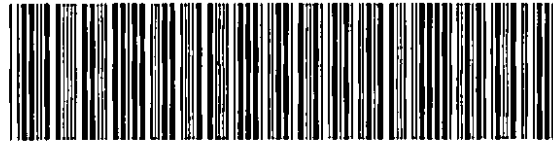
(Business Entity Name)

(Document Number)

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RA Change

JAN 15 2020

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Davis Clinical Research Management, Inc.
Name of Corporation

DOCUMENT NUMBER: P18000084688

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:

William C. Sundblom

Name of Contact Person

William C. Sundblom, CPA, PA

Firm/Company

1725 East Bay, Suite-C

Address

Largo, FL 33771

City/State and Zip Code

wcs@wcs-cpa.com

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

For further information concerning this matter, please call:

William C. Sundblom

Name of Contact Person

at (727) 581-6817

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

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DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 16, 2019

WILLIAM C. SUNDBLOM
WILLIAM C. SUNDBLOM, CPA, PA
1725 EAST BAY, SUITE-C
LARGO, FL 33771

SUBJECT: DAVIS CLINICAL RESEARCH MANAGEMENT, INC.
Ref. Number: P18000084688

We have received your document for DAVIS CLINICAL RESEARCH MANAGEMENT, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We need a signature of an officer or director on the form along with the name and title of the person signing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 419A00025554

2020 JAN 15 AM 11:07

REC'D

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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: Davis Clinical Research Management, Inc.
2. The principal office address: 7468 Inspira Dr. Unit 5402, Naples, FL 34113
3. The mailing address (if different): 1725 East Bay, Suite-C, Largo, FL 33771
4. Date of incorporation/qualification: 10/08/2018 Document number: P18000084688
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)

Barbara A Davis

308 Sunny Lane

Belleair, FL 33756

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

Sundblom

William C. Sunblom, CPA, PA

1725 East Bay, Suite-C

P.O. Box NOT acceptable

Largo, FL 33771

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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.



Signature of an officer or director

Barbara Davis, 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

11/15/19

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