

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 : WINDERWEEDLE, HAINES, WARD & WOODMAN, P.A.  
Account Number : 076077002775  
Phone : (407)760-4670  
Fax Number : (321)379-7978

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

Email Address: DFRICKER @ WHWW.COM

**REGISTERED AGENT CHANGE**

**ORLANDO IMMUNOLOGY CENTER, P.A.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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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: ORLANDO IMMUNOLOGY CENTER, P.A.  
 2. The principal office address: 1707 NORTH MILLS AVENUE, ORLANDO FL 32803

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 09/05/2019 Document number: P19000068450

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)

DAVID L. SCHICK, ESQ.

1707 NORTH MILLS AVENUE

ORLANDO FL 32803

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

WHWW, INC.


329 PARK AVENUE NORTH, SECOND FLOOR

P.O. Box NOT acceptable

WINTER PARK FL 32789

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

AUTHORIZED REPRESENTATIVE

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

10/16/2023

Date

If signing on behalf of an entity:

DEBORAH FRICKE, VICE PRESIDENT

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 (04/13)

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