

P190000068450

Florida Department of State  
Division of Corporations  
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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: \_\_\_\_\_

REGISTERED AGENT CHANGE  
ORLANDO IMMUNOLOGY CENTER, P.A.

Certificate of Status	0
Certified Copy	0
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2024 JAN -4 PM 5:56

FILED  
2024 JAN -4 AM 8:03  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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 AVE., 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)

WHWW, INC.329 PARK AVENUE NORTH, SECOND FLOORWINTER PARK, FL 32789

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

EDWIN DEJESUS1707 NORTH MILLS AVE.P.O. Box NOT acceptableORLANDO, FL 32803

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.

XSignature of an officer or directorDr. Edwin DeJesus, PresidentPrinted 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.

XSignature of Registered Agent12/6/23Date

If signing on behalf of an entity:

Edwin DeJesusTyped 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)