

P19000069399

U.S. Medical Providers

(Requestor's Name)

3200 N. Federal Hwy.

(Address)

Suite #227

(Address)

Boca Raton FL 33434

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

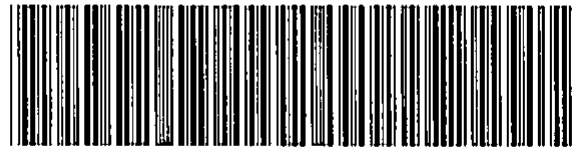
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DIVISION OF CORPORATIONS
2020 MAR 16 AM 11:05

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4/2/20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2020

U.S. MEDICAL PROVIDERS INC
3200 N. FEDERAL HWY
SUITE #227
BOCA RATON, FL 33431

SUBJECT: U.S. MEDICAL PROVIDERS INC
Ref. Number: P19000069399

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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.

Querida R Moore
Regulatory Specialist II

Letter Number: 720A00006368

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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 611.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both in the State of Florida.

1. The name of the corporation: US Medical Providers INC
2. The principal office address: 3200 N. Federal Hwy suite 227
Boca Raton FL 33431
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1-27-2020 Document number: _____
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)

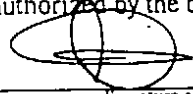
Tervelens Jean-Louis
3200 N. Federal Hwy suite #227
Boca Raton FL 33431

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

Anthony Basile
3200 N Federal Hwy suite #227
Boca Raton FL 33431
P.O. Box NOT acceptable

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

Anthony Basile CEO

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

3-12-20

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS