

P20000077833

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

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**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
866.625.0838  
COGENCYGLOBAL.COM

Account#: 120000000088

Date: **March 12, 2021**

Name: **Ian Reilly**

Reference #: **1338991**

Entity Name: **INPATHY BEHAVIORAL HEALTHCARE GROUP, P.A.**

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: **\$35.00**

Signature: *Ian Reilly*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Inpathy Behavioral Healthcare Group, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P20000077833

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:

Elizabeth Dunwiddie

Name of Contact Person

Inpathy Behavioral Healthcare Group, P.A.

Firm/Company

1120 Route 73 STE 300

Address

Mt. Laurel, NJ 08054

City/State and Zip Code

elizabeth.dunwiddie@arraybc.com

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

For further information concerning this matter, please call:

Elizabeth Dunwiddie

Name of Contact Person

at (856)

602-0389

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Inpathy Behavioral Healthcare Group, P.A.
2. The principal office address: 1120 Route 73 STE 300, Mt Laurel, NJ 08054
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/28/2020 Document number: P20000077833
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)

C T Corporation

1200 South Pine Island Road

Plantation, FL 33324

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

Cogency Global Inc.

115 North Calhoun Street, STE 4

P.O. Box NOT acceptable

Tallahassee, FL 32301

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.

/ S / James Varrell

Signature of an officer or director

James Varrell, 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.*

/S/SHANNON M. MADDOX

Signature of Registered Agent

3/10/2021

Date

If signing on behalf of an entity:

COGENCY GLOBAL INC.

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)