

Division of Corporations

P2000085579

Florida Department of State
Division of Corporations
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Account Number : FCA000000023
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TALLAHASSEE, FL

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TALLAHASSEE, FL

REGISTERED AGENT CHANGE
CEREBRAL MEDICAL GROUP, P.A.

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Corporate Filing Menu

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A. BUTLER
JUL 14 2022

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: CEREBRAL MEDICAL GROUP, P.A.
- 2. The principal office address: 340 S Lemon Ave., Unit #9892 Walnut, CA 91789
- 3. The mailing address (if different):
- 4. Date of incorporation/qualification: 11/03/2020 Document number: P20000085579
- 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)

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301

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

C T Corporation System
1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

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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.

Michael Nathan Boggs MD
Signature of an officer
I hereby accept the appointment and agree to comply with my duties, and I am familiar with the provisions of this document and agree that the corporation has been notified of the change.
C T Corporation System
Michael Boggs, President
Typed name and title
Capacity: President and complete performance is registered agent. Or, if this is not the case, I hereby confirm that the
07/05/2022
Date

By:

If signing on behalf of an entity:
SANDRA ZWIJACK, ASSISTANT SECRETARY
Typed or Printed Name