

P21000083290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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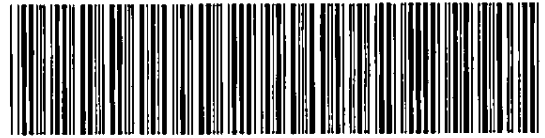
(Business Entity Name)

(Document Number)

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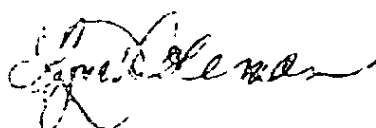
RECEIVED
2024 JAN 11 PM 12:38
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE

AUTHORIZATION



COST LIMIT : \$ 35.00

ORDER DATE :

ORDER TIME : 10:34 AM

ORDER NO. : -002

CUSTOMER NO:

CHANGE OF AGENT

NAME: ASSURE HEALTH MEDICAL GROUP,
P.A.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

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

1. The name of the corporation: ASSURE HEALTH MEDICAL GROUP, P.A.

3. The mailing address (if different): _____

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)

FL 32202

FL 32301

Neil E. Almer
Signature of an officer or director

Printed or typed name and title

Corporation Service Company

By: C. M. Lee
Signature of Registered Agent

Date _____

Typed or Printed Name

CR2E045 (04/13)