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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE CAME SENO
AUTHORIZATION CAPTURE TO THE PARTY OF THE PA
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
TOWN OF PROOF PARTY PARTY PARTY PARTY
CONTACT PERSON: Eyliena Baker EXT#
EXAMINER:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ion organized under the laws of the State of Florida	
		or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: ASSURE HEA	LTH MEDICAL GROUP, P.A.	
2. The principal	office address: 4500 N. State i	Road 7, Suite 102, Lauderdale Lakes, FL 33319	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 09/23/20	21 Document number: P21000083290	
	d street address of the current regramment of State: (If resigned, enter	gistered agent and registered office on file with the er resigned) Inc.	
	Legalinc Corporate Services	Inc.	
	-476 Riverside Avenue		
	Jacksonville	FL 32202	
6. The name and (if changed):	d street address of the new registe	FL 32202 Flagent (if changed) and /or registered office	
	Corporation Service Company		
1201 Hays Street			
		P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
		ne street address of the business office of its registered agent,	
Such change wa authorized by th	is authorized by resolution duly be board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	
Xu	e E. Wener_	Jill Cilmi, Vice President	
I hereby accept I further agree t of my duties, and document is bein corporation has	o comply with the provisions of	Printed or typed name and title agent and agree to act in this capacity. If all statutes relative to the proper and complete performance I the obligation of my position as registered agent. Or, if this age in the registered office address, I hereby confirm that the change.	
By: Cei	meleil	01/11/2024	
	nalf of an entity:	Date	
Ami M. Casper.	Asst. Vice President		
	ped or Printed Name	_	

* * * FILING FEE: \$35.00 * * *