

P220000080601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

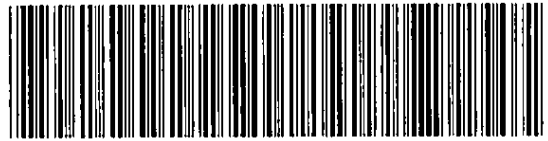
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IntegraNet Health of Florida, Inc.
Name of Corporation

DOCUMENT NUMBER: P22000080607

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:

KAREN B. SCHAPIRA, ATTORNEY

Name of Contact Person

KAREN B. SCHAPIRA, PLLC

Firm/Company

11523 Palmbush Trail, Suite 316

Address

Lakewood Ranch, FL 34202

City/State and Zip Code

kbs@schapirahealthlaw.com

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

For further information concerning this matter, please call:

Karen B. Schapira, Attorney

Name of Contact Person

at (954) 309-6437

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: IntegraNet Health of Florida, Inc.
- 2. The principal office address: 2900 North Loop West, Suite 700, Houston, TX., 77092-8868
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 10/20/2022 Document number: P22000080607
- 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)

CUETO LAW GROUP, PA
4000 PONCE DE LEON BLVD., SUITE 470
CORAL GABLES, FL 33146

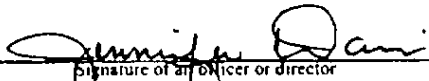
- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

KAREN B. SCHAPIRA, PLLC
11523 Palmbrush Trail, Suite 316
P.O. Box NOT acceptable
Lakewood Ranch, FL 34202

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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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.



Signature of an officer or director

Jennifer Davis, COO

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

May 2, 2023

Date

If signing on behalf of an entity:

Karen B. Schapira, Attorney

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