

P9200000 2736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

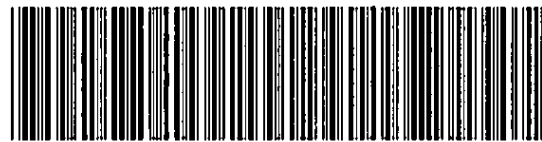
(Business Entity Name)

(Document Number)

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03/09/21--01011--006 **35.00

MADE 11/13/20

4/21/21

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Clinical Medical Services, Inc.
Name of Corporation

DOCUMENT NUMBER: P92000002736

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:

Donna M. Gale
Name of Contact Person
Clinical Medical Services, Inc.
Firm/Company
3700 Commerce Parkway
Address
Miramar, FL 33025
City/State and Zip Code

dgale@ihcscorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna M. Gale at (844) 215-4264
Name of Contact Person 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: Clinical Medical Services, Inc.
2. The principal office address: Carr. PR-3, KM 9.5, Ave 65 Infanteria Reparto Industrial San Gabriel
Carolina, Puerto Rico 00965
3. The mailing address (if different): 3700 Commerce Parkway Miramar, FL 33025
4. Date of incorporation/qualification: 11/03/1992 Document number: P9000002736
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)

CT Corporation System

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):

Donna M. Gale

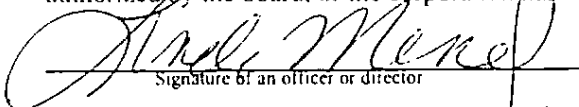
3700 Commerce Parkway

P O Box NOT acceptable

Miramar, FL 33025

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

Linda Mendez

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.

Donna M. Gale
Signature of Registered Agent

03/01/2021

Date

If signing on behalf of an entity:

Donna M. Gale

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)