

To: 18506176380

7/8/2021

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From: Kimberly Laughrey

P94000026166

Florida Department of State

Division of Corporations 2021 JUL -8 AM 2:00
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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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REGISTERED AGENT CHANGE RADHA MEDICAL, P A

Certificate of Status	0
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Page Count	02
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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: RADHA MEDICAL, P A
 2. The principal office address: 1027 GARDEN ST., TITUSVILLE, FL 32796

3. The mailing address (if different): 44 South Broadway, Ste 100, White Plains, NY 10601

4. Date of incorporation/qualification: 04/06/1994 Document number: P94000026166

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)

Jeram P Chapla

1 INDIAN RIVER AVE U501

TITUSVILLE, FL 32796

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

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 Designd by: corporation has been notified in writing of the change.

Leslie Prizant

Leslie Prizant, Secretary and General Counsel

Signature of registered agent

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.

By: C T Corporation System
Stephen Rullis

July 7, 2021

Signature of Registered Agent

Date

If signing on behalf of an entity:

Stephen Rullis, VP & Asst. Secy.

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

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