

P95000038395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

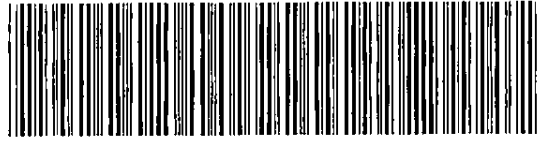
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2025 JAN -3 AM 10:30

2025 JAN -3 PM 1:20

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

TALLAHASSEE, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 01/03/2025

****WALK IN****

ENTITY NAME MEDICAL SPECIALISTS OF THE PALM BEACHES, INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 35.00

ACCOUNT # 120140000108
United Corporate
Services, Inc.

Keith Leppard

Please call Tina at the above number for any issues or concerns. Thank you so much!

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: MEDICAL SPECIALISTS OF THE PALM BEACHES, INC.
- 2. The principal office address: 7593 W. BOYNTON BEACH BLVD., SUITE 220
BOYNTON BEACH, FL 33437
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 05/15/1995 Document number: P95000038395
- 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)

Casey Waters
7593 W. Boynton Beach Blvd., Suite 220
Boynton Beach, FL 33437

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

United Corporate Services, Inc.
3458 Lakeshore Drive
P.O. Box NOT acceptable
Tallahassee, FL 32312

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.

/s/ Casey Waters
 Signature of an officer or director

Casey Waters, CEO
 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.

/s/ Michael A. Barr
 Signature of Registered Agent

1/3/2025
 Date

If signing on behalf of an entity:

Michael A. Barr, President
 Typed or Printed Name

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