

P96 000053140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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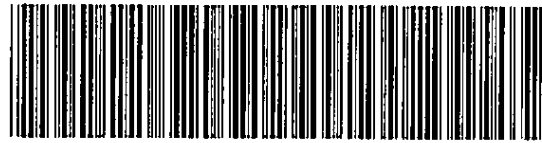
(Business Entity Name)

(Document Number)

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A. RAMSEY
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Treasure Coast OB/GYN Associates, PA
Name of Corporation

DOCUMENT NUMBER: G96200900024

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:

Linda R. ClenDening

Name of Contact Person

Treasure Coast OB/GYN Associates, PA

Firm/Company

3498 NW Federal Hwy

Address

Jensen Beach, FL 34957

City/State and Zip Code

linda.clenening@floridawomancare.com

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

For further information concerning this matter, please call:

Linda R. ClenDening

Name of Contact Person

at (772)

219-1062

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 Fla in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Treasure Coast OB/GYN Associates, P.A.
2. The principal office address: 3498 NW Federal Hwy, Jensen Beach FL 34957
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 6-21-96 Document number: P96000053140
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)

M. Lanning Fox
3473 SE Willoughby Blvd.
Stuart FL 34994

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

Fox McCluskey Bush Robison, PLLC

3461 SE Willoughby Boulevard

P.O. Box NOT acceptable

Stuart, FL 34994

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]
Signature of an officer or director

Jeremy S. Singer MD, President
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]
Signature of Registered Agent

10/11/21
Date

If signing on behalf of an entity:

Raymond B. Robison Authorized Member
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)