

P97000018794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

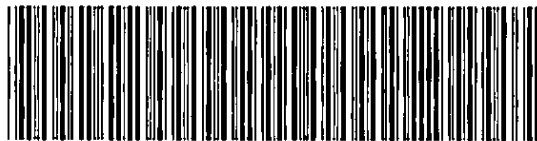
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2022 JUN 21 AM 10:35

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A. BUTLER  
JUN 22 2022

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 JUN 21 AM 8:55

FILED

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Southeastern Urological Corporation, Inc.  
Name of Corporation

DOCUMENT NUMBER: P97000018794

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:

Beth Dyal  
Name of Contact Person  
Ausley McMullen  
Firm/Company  
123 S. Calhoun Street  
Address  
Tallahassee, FL 32301  
City/State and Zip Code

merle.barrett@auihealth.com

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

For further information concerning this matter, please call:

Beth Dyal at (850) 425-5319  
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: Southeastern Urological Corporation, Inc.

2. The principal office address: 2000 Centre Pointe Blvd., Tallahassee, FL 32308

3. The mailing address (if different): N/A

4. Date of incorporation/qualification: 1997 Document number: P97000018794

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)


Robert Pierce  
123 S. Calhoun Street  
Tallahassee, FL 32301

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

Scott B. Sellinger  
2000 Centre Pointe Blvd.  
P.O. Box NOT acceptable  
Tallahassee, FL 32308

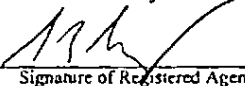
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Scott B. Sellinger, V.P. & Director  
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

June 15, 2022  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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