

P97000032972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

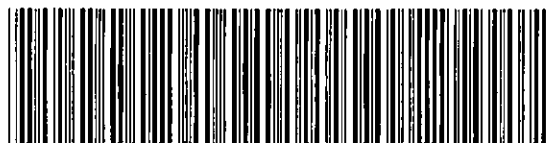
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Michael W. Hennigan MD, PA
Name of Corporation

DOCUMENT NUMBER: P 97000032972

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:

Elizabeth H. Hennigan
Name of Contact Person

Michael W. Hennigan MD, PA
Firm/Company

1847 Florida Avenue
Address

Panama City, FL 32405
City/State and Zip Code

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

For further information concerning this matter, please call:

Elizabeth H. Hennigan at (850) 630-6948
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

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2024

MICHAEL W. HENNIGAN, M.D., P.A.
1847 FLORIDA AVENUE
PANAMA CITY, FL 32405

SUBJECT: MICHAEL W. HENNIGAN, M.D., P.A.
Ref. Number: P97000032972

Our records indicate the registered agent for the above named corporation resigned on August 16, 2024 and that the corporation currently does not have a registered agent designated.

Chapter 607/617, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a corporation for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named corporation 60 days from the date of this letter if a registered agent is not properly designated.

Please designate a new registered agent by doing one of the following: 1) complete the enclosed registered agent designation form, 2) file the current year annual report (if applicable) or 3) file an amended annual report (again, if applicable). **Each one of these filings must be submitted with the appropriate filing fee.**

If you should need any further information, please contact our office at (850) 245-6050.

Division of Corporations

Letter number: 324A00020697

*See attached
✓
check enclosed*

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

1. The name of the corporation: Michael W. Hennigan MD PA
2. The principal office address: 1847 Florida Ave
Panama City, FL 32405
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/16/24 Document number: P970000 32972
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)

Macie Deese RESIGNED
1847 Florida Ave 8/16/24
Panama City, FL 32405

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

Jason Glenn Boutwell - T
1847 Florida Avenue
Panama City, FL 32405

SECRETARY OF STATE
TALLAHASSEE, FL

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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.

Elizabeth A. Hennigan
Signature of an officer or director

Elizabeth A. Hennigan VP
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.

Jason Glenn Boutwell
Signature of Registered Agent

9/21/24
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

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