

P97000056405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

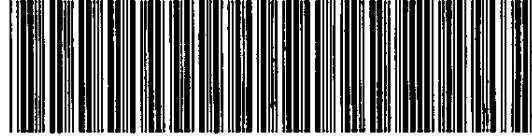
(Business Entity Name)

(Document Number)

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STATE OF MICHIGAN

6/8/16

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: St. George's University, School of Medicine, Inc.

Name of Corporation

DOCUMENT NUMBER: P97000056405

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:

Jonathan K. Rogers

Name of Contact Person

University Support Services, LLC

Firm/Company

3500 Sunrise Highway, Bldg. 300

Address

Great River, NY 11739

City/State and Zip Code

jrogers@sgu.edu

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

For further information concerning this matter, please call:

Jonathan K. Rogers

631

665-8500 x9, 1263

at (

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2016

JONATHAN K. ROGERS
3500 SUNRISE HWY., BLDG 300
GREAT RIVER, NY 11739

SUBJECT: ST. GEORGE'S UNIVERSITY, SCHOOL OF MEDICINE, INC.
Ref. Number: P97000056405

We have received your document for ST. GEORGE'S UNIVERSITY, SCHOOL OF MEDICINE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain
Regulatory Specialist II

Letter Number: 416A00009257

**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: St. George's University, School of Medicine, Inc.
2. The principal office address: c/o Corporation Service Company
1201 Hays Street, Tallahassee, FL 32301
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/26/1997 Document number: P97000056405

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)

Patrick F. Adams

4351 Gulf Shore Blvd. North 14N

Naples

FL 34103

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

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.

Brian P. Zwarych
Signature of an officer or director

Brian P. Zwarych CFO
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.

Dawn Frantz
Signature of Registered Agent

5/12/2016
Date

If signing on behalf of an entity:
Dawn Frantz, Asst. Sec.

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 (03/12)