P91000100183

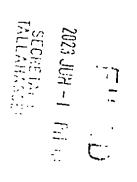
(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	7)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)
(Document Number)		
Certified Copies	Certificates o	f Status
Special Instructions to Filing Officer;		
	J. HORNE JUL 3 1 2023	

Office Use Only



700409385437

06/01/28--01011--315 **25.00





COVER LETTER

TO:

Amendment Section

Division of Corporations
SUBJECT: William Wack, MDPA. Name of Corporation
DOCUMENT NUMBER: \$97000100183
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:
Name of Contact Person William Mack, MD, PA Firm/Company 3109 W. Azeele Street Address Tampa FL 33609 City/State and Zip Code WPMack@fampa Day.rr.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (\$13) 875-5437 Area Code & Daytime Telephone Number
Probable a 625 00 about and a south and a probable at the control of the control

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

Amendment Section
Division of Corporations
The Centre of Tallahassee

Street Address:

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

•	ons 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
	or a corporation organized under the laws of the State of f
	istered office or registered agent, or both, in the State of Florida.
1. The name of the corporation:	William Mack, M.D. P.A.
2. The principal office address:	3109 W. Azeele Street
	Tampa, FL 33609
3. The mailing address (if different): 933 Ancharage Rd. Tampa FL 3360 on: 11/25/1997 Document number: P97000100183
4. Date of incorporation/qualification	on: 11/25/1997 Document number: P97000100183
5. The name and street address of the Florida Department of State: (If it	he current registered agent and registered office on file with the resigned, enter resigned)
Berge	n, Amy Lewis
-10 Buc	n, Amy Lewis hanan Igersoll, P.C.
YOLE	Jackson St., Suite 2500
	Pa, FL 3360Z
•	he new registered agent (if changed) and /or registered office
(if changed):	2(S IA
Step	phanie Mack FR & 7
3109	W. Azeele Street P.O. Box NOT acceptable Pa, FL 33609
	P.O. Box NOT acceptable
- a M	Pa, FL 33609
The street address of its registered as changed will be identical.	I office and the street address of the business office of its registered agent,
Such change was authorized by reauthorized by the board, or the co	esolution duly adopted by its board of directors or by an officer so reporation has been notified in writing of the change.
1 ch Than	Lillia Mark President
Signature of an officer or director	William Mack President Printed or typod name and title
	is registered agent and agree to act in this capacity. provisions of all statutes relative to the proper and complete performance th and accept the obligation of my position as registered agent. Or, if this reflect a change in the registered office address, I hereby confirm that the vitting of this change.
Signature of Registrated Ages	<u> 5/30/2023</u>
Signature of Registered Ages	nt / Date
If signing on behalf of an entity:	
Typed or Printed Name	
• •	

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