

P 97000106941

Kevin McCoy
Requestor's Name
7378 W. Atlantic Blvd #312
Address
Margate FL 33063
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

500002654075--2
-10/02/98--01028--010
*****35.00 *****35.00

RA Change
10-6-98
BLS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 OCT -2 AM 11:52

APPROVED
AND
FILED

Examiner's Initials

**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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Southeast Medical Center, INC.
2. The mailing address of the corporation is: 318 South State Rd
Margate, FL 33068.
3. Date of incorporation/qualification: 12-19-97. Document number: P97000106941
4. The name and address of the current registered agent and office:

Scott McCoy

1750 University Dr #231

Coral Springs, FL 33071

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Kevin McCoy

7378 West Atlantic Blvd #312

Margate, FL 33063.

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.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

6/1/98
(Date)

Kevin McCoy Pres
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

[Signature]
(Signature of Registered Agent)

6/1/98
(Date)

If signing on behalf of an entity:

Kevin McCoy
(Typed or Printed Name)

Pres
(Capacity)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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