

P97000107213

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 DEC 10 PM 1:21

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 2, 2015

CLEVELAND D. WEST / SWEETWATER MEDICAL EAST INC
87899 OVERSEAS HWY
ISLAMORADA, FL 33036 US

SUBJECT: SWEETWATER MEDICAL EAST, INC.
Ref. Number: P97000107213

We have received your document for SWEETWATER MEDICAL EAST, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

You sent one check with two different documents. The \$35.00 for this validation was used to resign Cathy Battreall as an officer from the company. You still need \$35.00 to file the change of agent.

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

Carolyn Lewis
Regulatory Specialist II

Letter Number: 615A00024302

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sweetwater Medical East, Inc
Name of Corporation

DOCUMENT NUMBER: P970001071213

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:

Cleveland D West

Name of Contact Person

Sweetwater Medical East, Inc

Firm/Company

87899 Overseas Hwy

Address

Islamorada FL 33036

City/State and Zip Code

melanie@coralmedical.com

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

For further information concerning this matter, please call:

Melanie Cerra

Name of Contact Person

at (305) 8527375 x309

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

**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: Sweetwater Medical East, Inc
2. The principal office address: 87899 Overseas Hwy Islamorada FL 33036

3. The mailing address (if different): PO BOX 9720, TAVERNIER, FL 33070

4. Date of incorporation/qualification: 12/22/1997 Document number: P97000107213

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)

Cathy Battreall - RESIGNED

87899 Overseas Hwy

Islamorada FL 33036

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

Cleveland D West

87899 Overseas Hwy Islamorada FL 33036

P.O. Box NOT acceptable

15 DEC 10 PM 1:21
STATE OF FLORIDA
DIVISION OF CORPORATIONS

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.

Cathy Battreall
Signature of an officer or director

Cathy Battreall

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.

Cathy Battreall
Signature of Registered Agent

11/2/2015

Date

If signing on behalf of an entity:

Cathy Battreall

Typed or Printed Name

CLEVELAND D. WEST

Cleveland D. West

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314