

2/27/2018

H18000066223

Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
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Email Address: _____

**REGISTERED AGENT CHANGE
MARTHA L. WILSON, M.D., P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	01
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S. YOUNG

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DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

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: MARTHA L. WILSON, M.D., P.A.
2. The principal office address: 104 EAST STUART DRIVE
GALAX, VA 24333
3. The mailing address (if different): 115 WILD FLOWER LN
GALAX, VA 24333
4. Date of incorporation/qualification: 01/07/1998 Document number: P98000002043
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)

DOLAN, JAMES M
6260 W. ATLANTIC BLVD.
MARGATE, FL 33063

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

Northwest Registered Agent, LLC.
3030 N. Rocky Point Dr. STE 150A
P.O. Box NOT acceptable
Tampa FL 33607


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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.

 Martha L. Wilson, M.D. / President
Signature of an officer or director 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.

 2-19-2018
Signature of Registered Agent Date

If signing on behalf of an entity:

Tom Glover
Typed or Printed Name

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