

7/1/2020

Division of Corporations

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407)841-1200
Fax Number : (407)423-1831

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

REGISTERED AGENT CHANGE
HEARTLAND PEDIATRICS OF LAKE PLACID, INC.

Certificate of Status	0
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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: Heartland Pediatrics of Lake Placid, Inc.
2. The principal office address: 344 E. Royal Palm Street, Suite 3, Lake Placid, FL 33852
3. The mailing address (if different): 1354 State Road 60 East, Lake Wales, FL 33853
4. Date of incorporation/qualification: 01/12/1998 Document number: P98000003974
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)

Stephen R. Looney420 S. Orange Avenue, Suite 700Orlando, FL 32801

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

Dean Mead Services, LLC420 S. Orange Avenue, Suite 700Orlando, FL 32801

P.O. Box NOT acceptable

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.

Rajeswari Sonni
Signature of an officer or director

Rajeswari Sonni, M.D., President

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 effect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Dean Mead Services, LLC

By: [Signature]
Signature of Registered Agent

July 1, 2020
Date

If signing on behalf of an entity:

Stephen R. Looney, Vice President of Sole Member

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 (04/13)

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