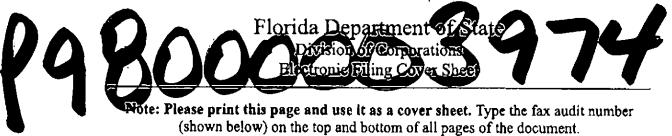
Division of Corporations



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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.

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

statement of cha	provisions of sections 507.0302. inge is submitted for a corporation ir to change its registered office o	on organized u	inder the laws of the	State of Florida	1	_
	the corporation: Heartland Pediat	• • • • • • • • • • • • • • • • • • • •		Side by 1 io and		
	office address: 344 E. Royal Pali			1852		
3. The mailing a	address (if different); 1354 State I	Road 60 East, 1	ake Wales, FL 3385	3		
4. Date of incor	poration/qualification: 01/12/199	98	Document number:	P98000003974		
	d street address of the current reg rument of State: (If resigned, ente		and registered office	on file with the		
	Stephen R. Looney					
	420 S. Orange Avenue, Suite 700	0			• ` :	2020
	Orlando, FL 32801					2020 JUL
6. The name and (if changed):	d street address of the new registe	tered agent (if	changed) and /or reg	istered office		-
	Dean Mend Services, LLC					AH 11: 38
	420 S. Orange Avenue, Suite 700	0				ယ္ထ
		P.O. Box NOT	acceptable			
	Orlando, FL 32801					
The street address changed will	ess of its registered office and the identical.	he street addre	ess of the business o	ffice of its regis	stered ag	ζ e πt,
Such change w authorized by t	as authorized by resolution duly he board, or the corporation has	y adopted by i	ts board of directors	s or by an office lange.	r so	
Laies	Dai Jean		jeswari Sonni, M.D.,	President		
I hereby accept I further agree of my duties, as document is be corporation ha Dear Mend Ser By:	the appointment as registered to comply with the provisions of all am familiar with and accepting filed merely to reflect a thurst peen notified in writing of this vides, (LL)			Jame and life racity. r and complete registered ager sss, I hereby con	perform it. Or, i firm tha	iance f this t the
	ney, Vice President of Sole Member	er —				
'	•	LING FEE: S	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)