

APR 0000015123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500080760645

10/13/06--01020--031 **35.00

FILED
06 OCT 13 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BS 10/16/06
RO

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Innovative Health Care Management Services, Inc.
(Name of corporation)

DOCUMENT NUMBER: P98000015173

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:

Alfred A. Clark
(Name of contact person)

(Firm/Company)

2214 Demora Rd
(Address)

Tallahassee FL 32309
(City/state and zip code)

For further information concerning this matter, please call:

same at (850) 224 6161
(Name of contact person) (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
~~409 E. Gaines Street~~ 2661 Ex. Ctr. Cir.
Tallahassee, FL ~~32309~~
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Innovative Health Care Management Services, Inc.
2. The principal office address: 1721 Independence Blvd
Sarasota FL 34234
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/16/98 Document number: 98000015173
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Alfred W. Clark
215 E. 5th Ave
Tallahassee FL 32303

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

Alfred W. Clark
2214 Dameron Rd
Tallahassee FL 32309
(P.O. Box NOT acceptable)

FILED
06 OCT 13 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

[Signature]
(Signature of an officer or director)

Cellene Harvey Hies
(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.

[Signature]
(Signature of Registered Agent)

10/9/06
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE