

(((H21000099931 3)))

3/11/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LIFEBOAT REGISTERED AGENTS, LLC
Account Number : 120210000016
Phone : (407)273-1045
Fax Number : (407)273-1058

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

Email Address: meghan@lifeboatra.com

REGISTERED AGENT CHANGE
ADVANCED HEALTH CARE GROUP, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

MAR 12 2021

M. COLEMAN

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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: Advanced Health Care Group, Inc.
2. The principal office address: 560 Bay Isles Rd., #8264, Longboat Key, FL 34228
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/29/1998 Document number: P98000084181
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)

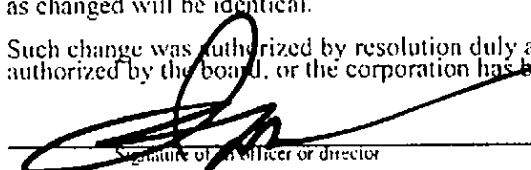
Rodriguez, Ihan560 Bay Isles Rd., #8264Longboat Key, FL 34228

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

Lifeboat Registered Agents, LLC3700 S. Conway Road, Suite 100P.O. Box NOT acceptableOrlando, FL 32812

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.

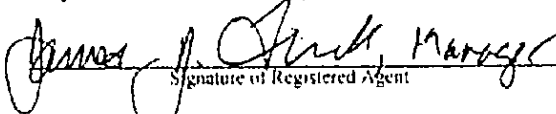


Signature of an officer or director

Dr. Ihan Rodriguez

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 of Registered Agent

February 24, 2021

Date

If signing on behalf of an entity:

James J. Flick

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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