Q20000000058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 28 2020
M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YP Telehealth Shores Tampa Bay FL
(Name of Alien Business Organization, Financial Institution, or Telehealth Provider)

Dear Sir or Madam:

The enclosed Designation of Registered Agent and Registered Office for Alien Business Organization, Financial Institution, or Telehealth Provider and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yvonne Perez MSW, RCSWI LIC 14800
(Name of Person)

YP Telehealth Shores Tampa Bay FL
(Firm/Company)

3108 N. Boundary Blvd Suite #128
(Address)

Tampa FL 33621
(City/State and Zip Code)

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For further information concerning this matter, please call:

Yvonne Perez at (813) 500-0666
(Name of Person) (Area Code & Daytime Telephone Number)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ $35.00 Filing Fee

☒ $43.75 Filing Fee & Certified Copy

REGISTERED AGENT & OFFICE FOR ALIEN BUSINESS ORGANIZATION, FINANCIAL INSTITUTION, OR TELEHEALTH PROVIDER

PURSUANT TO SECTION 607.0505, 655.0201, OR 456.47(4)(b), FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION, FINANCIAL INSTITUTION OR TELEHEALTH PROVIDER SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. YP Telehealth Shores Tampa bay FL
(Name of alien business organization, financial institution or telehealth provider)

2. Tampa Florida
(State or country under which entity is organized)

3. _____
(FEI Number, if applicable)

4. 3108 N. Boundary Blvd Suite #128 Tampa Fl 33621
(Principal office address)

5. Name and Florida Street address of registered agent.

Yvonne Pérez MSW RCSWI
3108 N. Boundary Blvd suite #128
Tampa Fl 33621

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6. The street address of the registered office and the street address of the business office of the registered agent are identical.

7. Yvonne Pérez MSW
(Signature of chairman, vice chairman, or officer)

8. Clinical Social Worker & Military Social Work
(Name and capacity of person signing in number 7 above)

9. Signature of registered agent: Yvonne Pérez MSW, RCSWI

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, 655.0201, or 456.47(4)(b) Florida Statutes.

Yvonne Pérez
(Registered agent accepting appointment)

9-16-2020
(Date)

THE FILING OF THIS FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT AUTHORIZE THE ABOVE REFERENCED ENTITY OR PROVIDER TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

FILING FEE $35

Make checks payable to Florida Department of State and mail to:
Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

INHS80 (4/20)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2020

YVONNE PEREZ, MSW, RCSWI LIC 14800
YP TELEHEALTH SHORES TAMPA BAY FL
3108 N. BOUNDARY BLVD., SUITE #128
TAMPA, FL 33621

SUBJECT: YP TELEHEALTH SHORES TAMPA BAY, FL
Ref. Number: 400352185814

We have received your document for YP TELEHEALTH SHORES TAMPA BAY, FL and check(s) totaling $43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Need signature and title of Chairman, Vice Chairman, or officer of the company.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 120A00020359

RECEIVED
OCT 26 2020