

565123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

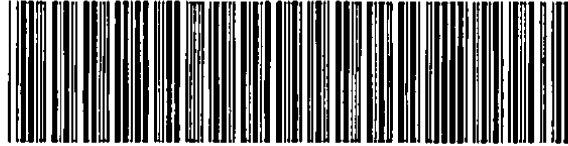
(Business Entity Name)

(Document Number)

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R. WHITE

JAN 10 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mease Pathology Associates, Inc
Name of Corporation

DOCUMENT NUMBER: S65123

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:

Gail Heinold

Name of Contact Person

PDR CPAs + Advisors

Firm/Company

4023 Tampa Rd Ste 2000

Address

Oldsmar FL 34677

City/State and Zip Code

gheinold@pdr-cpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gail Heinold

Name of Contact Person

at (727) 785-4447

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Mease Pathology Associates, Inc

2. The principal office address: 601 Main St Dunedin FL 34698

3. The mailing address (if different): 4023 Tampa Rd Ste 2000 Oldsmar FL 34677

4. Date of incorporation/qualification: 07/05/1991 Document number: S65123

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)

Christopher Williams
16850 Crawley Rd
Odessa FL 33556

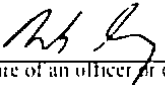
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Nils Diaz MD
C/O Mease Hospital - 601 Main St
P.O. Box NOT acceptable
Dunedin FL 34698

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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

Nils M Diaz, Director
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

11/21/19
Date

If signing on behalf of an entity:

Nils M Diaz
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