

V4951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

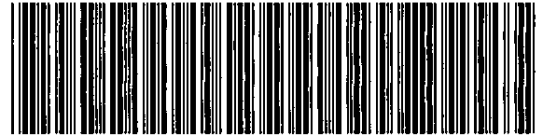
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 05 2017
S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscglobal.com

Date: May 26, 2017

Order#: 635632/035

Re: COMPREHENSIVE PAIN MEDICINE, INC.

Enclosed please find:

- XX Change of Registered Agent and Office.
- XX Check in the amount of \$35.00.

Please take the following action:

- XX File in your office on a routine basis.
- XX Issue Proof of Filing.
- XX Return Regular Mail in the enclosed envelope.

Attn: Tecora Bell
c/o Corporation Service Company
2711 Centerville Road, Suite 400
Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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: COMPREHENSIVE PAIN MEDICINE, INC.
2. The principal office address: _____
510 Corday Street Pensacola FL 32503
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/05/1992 Document number: V41951
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)

MARCUS JILLIAN

7700 WEST SUNRISE BOULEVARD

Plantation FL 33322

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

1201 Hays Street

Tallahassee FL 32301
- P.O. Box NOT acceptable

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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.

Jill E. Cilmi Signature of an officer or director
Jill Cilmi, Vice President 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.

Grace E. Kirby Signature of Registered Agent
By: _____ Date: 05/18/2017

If signing on behalf of an entity:
Grace E. Kirby, Asst. Vice President

Typed or Printed Name

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