

V 71221

(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



100299358051

06/01/17--01001--028 \*\*35.00

FILED  
2017 MAY 31 PM 3:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. GOLDEN  
JUN 05 2017



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#: 635632/289

Re: SOUTHEAST PERINATAL ASSOCIATES, 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: SOUTHEAST PERINATAL ASSOCIATES, INC.

2. The principal office address: \_\_\_\_\_  
7700 West Sunrise Boulevard Mailstop PL-6 Plantation, FL 33322

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/15/1992 Document number: V71221

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

FILED  
2017 MAY 31 PM 3:58  
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.

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.*

Corporation Service Company  
By: Grace E. Kirby  
\_\_\_\_\_  
Signature of Registered Agent

05/25/2017  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Grace E. Kirby, Asst. Vice President  
\_\_\_\_\_  
Typed or Printed Name

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