### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOY L. FULLER

Electronic Signature of Signing Officer/Director Detail

#### cer/Director Detail Offi

City-State-Zip: LANTANA FL 33462-4534

SIGNATURE:

ficer/Director Detail :			
le	D	Title	OFFICER
ime	FULLER, JOY	Name	LOZADA, NIVEA E.
dress	6234 S. CONGRESS AVE SUITE F-1	Address	503 HICKORY VIEW LN.
y-State-Zip:	LANTANA FL 33462	City-State-Zip:	APEX NC 27502
le	OFFICER		
ime	ELLISON, BALFORD		
dress	502 W DREW ST		

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

# Name and Address of Current Registered Agent:

FULLER, JOY 6234 S. CONGRESS AVE SUITE F-1

Entity Name: SHENANDOAH MEDICAL FOUNDATION, INC. **Current Principal Place of Business:** 

6234 S. CONGRESS AVE SUITE F-1 LANTANA. FL 33462

DOCUMENT# N1900002523

## **Current Mailing Address:**

6234 S. CONGRESS AVE SUITE F-1 LANTANA. FL 33462

## FEI Number: 83-4029001

Electronic Signature of Registered Agent

LANTANA, FL 33462 US

## FILED Mar 29, 2020 Secretary of State 7198471921CC

Certificate of Status Desired: No

DIRECTOR

03/29/2020

Date

Date