

F16000004435

(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



700404130757

03/08/23--01018--002 **35.00

FILED
2023 MAR -8 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FL

RA Change

MAY 30 2023
D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PATH MEDICAL CENTER HOLDINGS, INC.
Name of Corporation

DOCUMENT NUMBER: F16000004435

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:

Darleen McEwen
Name of Contact Person
PATH MEDICAL ACQUISITION COMPANY INC
Firm/Company
2304 W OAKLAND PARK BLVD
Address
FT LAUDERDALE, FL 33311
City/State and Zip Code

notices@pathmedical.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darleen McEwen at (954) 735-6584
Name of Contact Person 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2023 MAR - 8 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FL

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PATH MEDICAL CENTER HOLDINGS, INC.

2. The principal office address: 2304 West Oakland Park Boulevard, Fort Lauderdale, FL 33311

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/04/2016 Document number: F16000004435

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)

CT CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

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

PATH MEDICAL ACQUISITION COMPANY INC

2304 W OAKLAND PARK BLVD

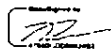
P.O. Box NOT acceptable

FT LAUDERDALE, FL 33311

FILED
2023 MAR -8 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FL

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.

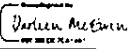


Rob Adams CEO

Signature of an officer or 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.



3/2/2023

Signature of Registered Agent

Date

If signing on behalf of an entity:

Darleen McEwen

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