

P10 0000 56720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

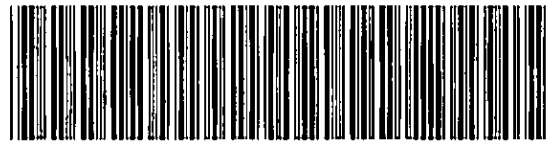
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000381082540

RA & RO
change

02/07/22--01012--009 **35.00

A. RAMSEY
FEB 16 2022

CLERK OF STATE
OF MISSISSIPPI

2022 FEB -7 PM 1:15

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Michael A Gleiber, MD PA
Name of Corporation

DOCUMENT NUMBER: P10000056720

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:

Michael Gleiber
Name of Contact Person
Michael A Gleiber MD PA
Firm/Company
1555 PALM BEACH LAKES BLVD STE 950
Address
WEST PALM BEACH FL 33401
City/State and Zip Code
mag@michaelgleibermd.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Gleiber at (305-343-6000)
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

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: MICHAEL A. GLEIBER, M.D., P.A.
- 2. The principal office address: 1555 PALM BEACH LAKES BLVD STE 950 WEST PALM BEACH FL 33401
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 07/08/2010 Document number: P10000056720

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)

CORPORATION COMPANY OF MIAMI
525 OKEECHOBEE BLVD, SUITE 1100 (JAF)
WEST PALM BEACH, FL 33401

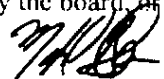
FILED
 2022 FEB - 7 PM 1:15
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

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

NATHAN MANCUSO, MANCUSO LAW, P.A.
7777 Glades Rd STE 100, Boca Raton, FL 33434
P.O. Box NOT acceptable

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.

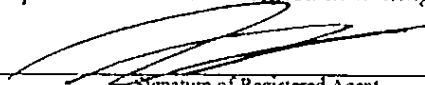


 Signature of an officer or director

Michael A Gleiber MD, President of Michael A Gleiber MD PA

 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

02/01/2022

 Date

If signing on behalf of an entity:

Nathan Mancuso, Attorney

 Typed or Printed Name

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