

572402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

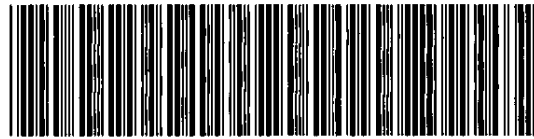
(Business Entity Name)

(Document Number)

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07 AUG 30 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

T. Roberts AUG 30 2007

URGENT

Robert A. Kurtis, M.D., P.A.
611 Druid Rd E. Ste 511
Clearwater, FL 33756

Aug 28 2007

Amendment Section
Division of Corporations
PO Box 6327
Tallahassee FL 32314

Dear Sirs,

My application with Medicare requires
this change of address for Robert A.
Kurtis M.D. P.A. My application with
Medicare has been pending since May.

I would ^{like} your expediting this request.
I am unable to cover my office expenses
without payment from Medicare.

Thank you.

Robert A. Kurtis MD

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Robert A. Kurtis M.D.P.A.
(Name of Corporation)

DOCUMENT NUMBER: 572402

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:

Robert A. Kurtis M.D.
(Name of Contact Person)

Robert A. Kurtis M.D.P.A.
(Firm/Company)

611 Druid Rd E. Suite 501
(Address)

Clearwater FL 33756
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Kurtis at (727) 4612401 (Mon + Tues.)
(Name of Contact Person) (Area Code & Daytime Telephone Number)

8:00am -
4:00pm

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
Ann Tina

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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: Robert A. Kurts, M.D. P.A.
2. The principal office address: 611 Druid Rd E. Suite 511
Clearwater FL 33756
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5-18-1978 Document number: 572402

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Kurtis Robert A.
501 S. Lincoln Ave
Clearwater, FL 33756

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

Kurtis Robert A.
611 Druid Rd E. Suite 511
Clearwater, FL 33756
(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.

Robert A. Kurtis
(Signature of an officer or director)

Robert A. Kurtis P.D.
(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.

Robert A. Kurtis
(Signature of Registered Agent)

August 28, 2007
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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