

690001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2007

Fred L. Simon MD
Fred L. Simon MD PA
1883 Indian Road West
lake Clark Shores, FL 33406

SUBJECT: FRED L. SIMON, M.D., P.A.
Ref. Number: 690001

We have received your document for FRED L. SIMON, M.D., P.A., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Also, please list the old address of the registered agent in #5 of the form.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 907A00055149

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Fred L Simon MD PA
(Name of Corporation)

DOCUMENT NUMBER: 690001

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:

Fred L Simon MD
(Name of Contact Person)

Fred L Simon MD PA
(Firm/Company)

1883 Indian Road West
(Address)

Lake Clarke Shores, FL 33406
(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Pam Logan at (561) 798-8992
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: Fred L Simon MD PA
2. The principal office address: 1397 Medical Park Blvd, Suite 140, Wellington, FL 33414
3. The mailing address (if different): P.O. Box 20689, West Palm Beach, FL 33416
4. Date of incorporation/qualification: 6/12/1981 Document number: 690001
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Fred L Simon MD
4665 South Congress, Suite 100
Lake Worth, FL 33461

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

Fred L Simon MD
1883 Indian Road West
(P.O. Box NOT acceptable)
Lake Clarke Shores, FL 33406

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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.


(Signature of an officer or director)

Fred L Simon MD
(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)

9/12/7
(Date)

If signing on behalf of an entity:

F. Simon
(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
CR2E045 (8/05)