

F11000003627

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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224/24

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Advanced Psychiatric Care, P.C.

Name of Corporation

**DOCUMENT NUMBER:** F11000003627

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:

Nathan M. Brandenburg

Name of Contact Person

Siegel Brill, P.A.

Firm/Company

100 Washington Ave. South, Ste 1300

Address

Minneapolis, MN 55401

City/State and Zip Code

nathanbrandenburg@siegelbrill.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nathan M. Brandenburg

Name of Contact Person

at ( 612 ) 337-6114

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

1. The name of the corporation: Advanced Psychiatric Care, P.C.  
2. The principal office address: 2055 Wood St., Suite 220, Sarasota, FL 34237  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 09/07/2011 Document number: F11000003627

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)

Zaheer Aslam, M.D.

2055 Wood St., Suite 220

Sarasota, FL 34237

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

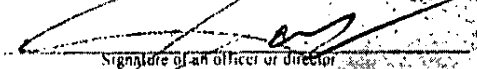
9681 Gladiolus Dr., Unit #203

Fort Myers, FL 33908

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

Zaheer Aslam, M.D., President

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

04/17/15  
Date

If signing on behalf of an entity:

Advanced Psychiatric Care, P.C.

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 (03/12)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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