

G 30437

(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



600208880406

06/27/11--01027--038 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUN 27 AM 11:08

*R-A. Chong*  
C.COULLETTE

JUN 28 2011

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Michael S. Falkowitz, M.D., P.A.  
Name of Corporation

**DOCUMENT NUMBER:** G 30437

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:

HOLLY M. O'NEILL, ESQ.  
Name of Contact Person

MILLER & O'NEILL, P.L.  
Firm/Company

2300 Glades Road, Ste. 400E  
Address

Boca Raton, FL 33431  
City/State and Zip Code

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

For further information concerning this matter, please call:

Andrea S. Werle at (561) 353-3880  
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

*Miller & O'Neill*  
*Attorneys at Law*

Lawrence J. Miller, Esq.  
Holly M. O'Neill, Esq.  
Jami L. Huber, Esq.  
Gary W. Kovacs, Esq.  
Sara J. LeRoy, Esq.  
Brandan J. Pratt, Esq.

Suite 400 East  
2300 Glades Road  
Boca Raton, Florida 33431  
Telephone: 561-353-3880  
Telefax: 561-353-0643  
www.mandolaw.com

Jan C. Katynski, Paralegal  
Andrea S. Werle, Paralegal  
Roxana Martinez, Paralegal

June 24, 2011

*\*LL.M. in Taxation*  
*\*Board Certified, Elder Law*  
*\*Board Certified, Wills, Trusts & Estates*

**VIA U.S. MAIL**

Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Changing Address of Registered Agent for Michael Falkowitz, M.D., P.A.

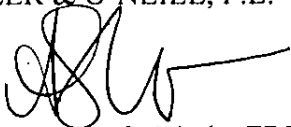
To Whom it May Concern:

Please find enclosed a check in the amount of \$35.00 and the paperwork necessary to change to resident agent for Michael Falkowitz, M.D.

Please feel free to contact me if you have any questions regarding this matter.

Very truly yours,

MILLER & O'NEILL, P.L.

By:   
Andrea S. Werle, FRP  
Paralegal

Enclosure

cc: Holly M. O'Neill, Esq.  
Michael Falkowitz, M.D.

**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 S. Falkowitz, M.D., P.A.
2. The principal office address: 951 N.W. 13<sup>th</sup> Street, Suite 2A  
Boca Raton, FL 33486
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 3/25/1983 Document number: G30437
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)

HCRM CORP.  
2200 CORPORATE BLVD., N.W.  
SUITE 401  
BOCA RATON, FL 33431

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

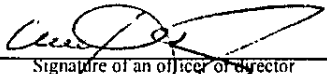
MILLER & O'NEILL, P.L.  
2300 Glades Road, Suite 400 E  
Boca Raton, FL 33431

P.O. Box NOT acceptable

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUN 27 AM 11:08

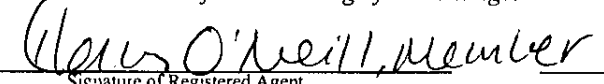
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 FALKOWITZ  
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.*

 Gary O'Neill, Member 6/24/11  
Signature of Registered Agent Date

If signing on behalf of an entity:

HORLY O'NEILL, MEMBER  
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)