

FD9888

(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



600139412516

01/06/09--01036--013 **35.00

LA to ch

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JAN 27 PM 4:00

FILED

To Jack?
or
call friends



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2009

WILLIAM A. GLIWA, D.C.
C/O MEI
P O BOX 61680
FT MYERS, FL 33906

SUBJECT: WILLIAM A. GLIWA, D.C., P.A.
Ref. Number: H09888

We have received your document for WILLIAM A. GLIWA, D.C., P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 109A00001463

Tina
See correct info
Mail back confirmation
please. Thank!

RECEIVED
2009 JAN 27 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: William A. Gliwa DC PA
(Name of Corporation)

DOCUMENT NUMBER: H09888

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:

William A. Gliwa, D.C.
(Name of Contact Person)

C/O MEI
(Firm/Company)


PO Box 61680
(Address)

FT. MYERS, FL 33906
(City/State and Zip Code)

For further information concerning this matter, please call:

William A Gliwa at (954) 309-8497
(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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: William A. Gliwa, D.C., P.A.
2. The principal office address: 330 N. Knowles Ave, Winter Park, FL 32789
3. The mailing address (if different): C/O MEI PO Box 61680, FT. MYERS, FL 33906
4. Date of incorporation/qualification: 6/27/1984 Document number: H09888
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)

JACK BAXTER, Esq.
4530 N. Federal Highway
Fort Lauderdale, FL 33308

RESIGNED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
09 JAN 27 PM 4:00
FILED

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Registered office address:
William A. Gliwa
1610 Village Lane
(P.O. Box NOT acceptable)
Winter Park, FL 32792

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]
(Signature of an officer or director)

William A. Gliwa, President, Owner
(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]
(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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