

K62001

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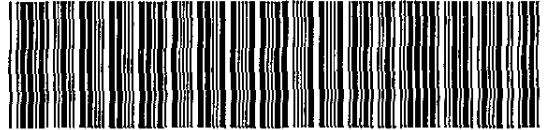
(Business Entity Name)

(Document Number)

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FILED  
05 MAY 12 PM 4:08  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Rs 5/12/05  
K62021



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

April 25, 2005

RICHARD BREIT, ESQ.  
150 N UNIVERSITY DR, SUITE 200  
PLANTATION, FL 33324

SUBJECT: WAYNE S. MAXSON, M.D., P.A.  
Ref. Number: K62021

We have received your document for WAYNE S. MAXSON, M.D., 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):

Please sign and return your document for filing.

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) 245-6957.

Pamela Smith  
Document Specialist

Letter Number: 505A00028211

RECEIVED  
05 MAY 12 AM 9:50  
DIVISION OF CORPORATIONS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WAYNE S. MAXSON, MD PA  
(Name of corporation)

**DOCUMENT NUMBER:** K 62021

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:

RICHARD BREIT, ESQ.  
(Name of contact person)

(Firm/Company)

150 N. UNIVERSITY DRIVE, SUITE 200  
(Address)

PLANTATION, FL 33324  
(City/state and zip code)

For further information concerning this matter, please call:

RICHARD BREIT at (954) 452-1144  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

**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: WMNE S. MAXSON, M.D. PA  
2. The principal office address: 2960 N. STATE RD NO 7  
SUITE 300 MARGATE, FL 33063  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: \_\_\_\_\_ Document number: K 62021

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

ROBERT KRAMER  
4000 HOLLYWOOD BLVD SUITE 400  
HOLLYWOOD, FL 33021

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

RICHARD BRET  
150 N. UNIVERSITY DRIVE, SUITE 200  
(P.O. Box NOT acceptable)  
PLANTATION, FL 33324

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) WMNE S. MAXSON, 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) May 1, 2005  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(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