

K 89075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

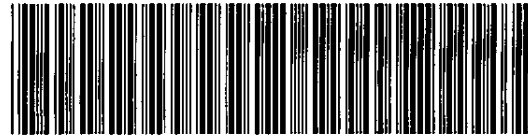
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/18/10--01013--003 **35.00

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--SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 20 AM 9:19

Rd/chg
10 @ 12/21/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Independent Investigational Review Board, Inc.
Name of Corporation

DOCUMENT NUMBER: K89075

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:

Anita McSharry
Name of Contact Person

Independent Investigational Review Board, Inc.
Firm/Company

6738 West Sunrise Blvd., Suite 102
Address

Plantation, FL 33313
City/State and Zip Code

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

For further information concerning this matter, please call:

Anita McSharry at (954) 327-0778
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
10 DEC 20 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 22, 2010

ANITA MCSHARRY
INDEPENDENT INVESTIGATIONAL REVIEW BOARD
6738 WEST SUNRISE BLVD., SUITE 102
PLANRATON, FL 33313

SUBJECT: INDEPENDENT INVESTIGATIONAL REVIEW BOARD, INC.
Ref. Number: K89075

We have received your document for INDEPENDENT INVESTIGATIONAL REVIEW BOARD, INC. 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 the form.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 010A00027322

**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: Independent Investigational Review Board, Inc.
2. The principal office address: 6738 West Sunrise Blvd., Suite 102 Plantation, FL 33313
954-327-0778
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5/18/1989 Document number: K89075

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)

Kim B. Lerner

9721 Sea Turtle Drive

Plantation, FL 33324

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

Kim B. Lerner

6738 West Sunrise Blvd., Suite 102

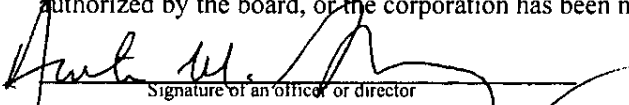
P.O. Box NOT acceptable

Plantation, FL 33313

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 20 AM 9:19

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

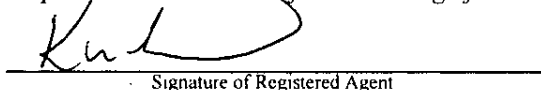
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Anita McSharry, 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

11/15/10

Date

If signing on behalf of an entity:

KIM LERNER
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)