

9/18/2013 11:54:38 AM To: (850) 617-6383

Division of Corporations

Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H130002029173)))



H130002029173ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5368

**\*RE-SUBMIT\***

Please retain original filing  
date of submission 9/12

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

RECEIVED  
13 SEP 18 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE  
FREDERICK C. KRAUS, M.D., PLLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

FILED  
13 SEP 12 AM 9:52  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Electronic Filing Menu Corporate Filing Menu

Help

9-19-13  
5

<https://efile.sunbiz.org/scripts/efilcovr.exe>

9/12/2013

850-617-6381

9/13/2013 8:37:47 AM PAGE 17001 Fax Server



September 13, 2013

FLORIDA DEPARTMENT OF STATE

Division of Corporations

FREDERICK C. KRAUS, M.D., PLLC  
BOX 223  
1391 NW SAINT LUCIE WEST BLVD.  
PORT SAINT LUCIE, FL 34986

SUBJECT: FREDERICK C. KRAUS, M.D., PLLC  
REF: L05000079517

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch  
Regulatory Specialist II

FAX Aud. #: H13000202917  
Letter Number: 213A00021547

**\*RE-SUBMIT\***

Please retain original filing  
date of submission 9/12

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Frederick C. Kraus, M.D., PLLC

2. (a) Principal office address of limited liability company: BOX 223 1391 NW SAINT LUCIE WEST  
 (Note: MUST BE STREET ADDRESS) BLVD. PORT SAINT LUCIE, FL 34986

(b) Mailing address of limited liability company: BOX 223 1391 NW SAINT LUCIE WEST  
 (Note: MAY BE POST OFFICE BOX) BLVD. PORT SAINT LUCIE, FL 34986

8/12/2005

3. Date of filing/registration in Florida

L05000079517

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

BDB AGENT CO.

Registered Office Address:

5355 TOWN CENTER ROAD STE 900  
BOCA RATON, FL 33486

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

CT Corporation System

NEW Registered Office Address:  
(MUST BE FLORIDA STREET ADDRESS)

1200 South Pine Island Road

Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Frederick C. Kraus, M.D.  
 Signature of a member or authorized representative of a member

FREderick C. KRAUS, M.D.  
 Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: CT Corporation System

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
 FILING FEE: \$25.00

INHS18 (05/08)

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 10 SEP 12 AM 9:52