

LO6 000033950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

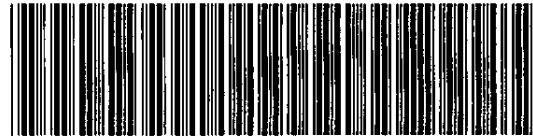
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700186298767

10/12/10--01005--011 \*\*25.00

FILED  
2010 OCT 12 PM 2:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

OCT 13 2010

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Anthony G. Rogers, M.D., PLLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anthony G. Rogers, M.D.

Name of Person

Anthony G. Rogers, M.D., PLLC

Firm/Company

3618 Lantana Road, Suite 200

Address

Lake Worth, FL 33462

City/State and Zip Code

mdman3@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Rogers

Name of Person

at ( 561 )

968-2995

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED  
2010 OCT 12 PM 12:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Anthony G. Rogers, M.D., PLLC

2. (a) Principal office address of limited liability company: 3618 Lantana Rd.

☒

(Note: **MUST BE STREET ADDRESS**)

Suite 200

Lake Worth, FL 33462

(b) Mailing address of limited liability company: \_\_\_\_\_

☐

(Note: **MAY BE POST OFFICE BOX**)

03/31/2006

L06000033950

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Charles W. Berger, Esquire

Registered Office Address:

2255 Glades Road

Suite 337 W

Boca Raton, FL 33431

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

**NEW** Registered Agent:

Gary W. Roberts, Esquire

**NEW** Registered Office Address:

**(MUST BE FLORIDA STREET ADDRESS)**

324 Datura Street

Suite 223

West Palm Beach, FL 33401

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.

Anthony Rogers  
Signature of a member or authorized representative of a member

Anthony Rogers  
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.*

Gary W. Roberts  
Signature of Registered Agent

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

FILING FEE: \$25.00