

N04000004705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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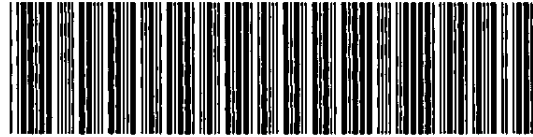
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WILLIAM C. PALLAS, M.D. FOUNDATION, INC.
Name of Corporation

DOCUMENT NUMBER: N04000004705

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:

Joe B. Cox

Name of Contact Person

Joe B. Cox, Attorney at Law

Firm/Company

1185 Immokalee Road, Ste. 110

Address

Naples, FL 34110

City/State and Zip Code

jcox@coxcarlson.com

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

For further information concerning this matter, please call:

George Mantzidis

Name of Contact Person

239 438-4609

at () 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 C. PALLAS, M.D. FOUNDATION, INC.
2. The principal office address: 8231 BAY COLONY DR UNIT #1504
NAPLES FL 34108 US
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/11/2004 Document number: N04000004705
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)

JOE B. COX

1185 IMMOKALEE RD, SUITE 110

NAPLES FL 34110 US

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

George Mantzidis

1185 Immokalee Road, Ste. 110

P.O. Box NOT acceptable

Naples, FL 34110

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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.

Joe B. Cox
Signature of an officer or director

Joe B. Cox
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.

Geo Mantzidis
Signature of Registered Agent

10-9-12
Date

If signing on behalf of an entity:

Typed or Printed Name

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