

N06000003213

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T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Cancer Specialists Foundation, Inc.
Name of Corporation

DOCUMENT NUMBER: N06000003213

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:

Ashley Capps

Name of Contact Person

Florida Cancer Specialist Foundation, Inc.

Firm/Company

4371 Veronica S. Shoemaker Blvd.

Address

Ft. Myers, FL 33916

City/State and Zip Code

acapps@flcancer.com

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

For further information concerning this matter, please call:

Ashley Capps

Name of Contact Person

at **(239) 274-8200**

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

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.

3. The mailing address (if different):

Patrick M. O'Connor Esq. (Resigned)

1250 S. Belcher Rd. Suite 160

Largo, FL 33771

Brad Precht

4371 Veronica S. Shoemaker Blvd.

P.O. Box NOT acceptable

Ft. Myers, FL 33916

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

Brad Precht

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

Date _____

If signing on behalf of an entity:

Brad Precht

Typed or Printed Name

MAIL TO: MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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