

N120000010559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

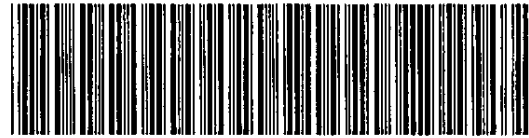
(Business Entity Name)

(Document Number)

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Sep 05, 2013 08:00 AM
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9-16-13*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Foundation of Collier County Medical Society, Inc.
Name of Corporation

DOCUMENT NUMBER: N12000010559

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:

April Donahue
Name of Contact Person

The Foundation of Collier County Medical Society
Firm/Company

1148 Goodlette Rd N
Address

Naples, FL 34102
City/State and Zip Code

april@ccmsonline.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

April Donahue at (239) 435-7727
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

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: The Foundation of Collier County Medical Society, Inc.

2. The principal office address: 1148 Goodlette Rd N, Naples FL 34102

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/07/2012 Document number: N12000010559

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)

Scharlacken, Lorna J Esq.

5811 Pelican Bay Blvd Ste 600

Naples, FL 34108

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

April Donahue

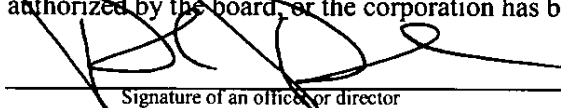
1148 Goodlette Rd N

P.O. Box NOT acceptable

Naples, FL 34102

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

Rolando Rivera, 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

8/21/13

Date

If signing on behalf of an entity:

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