

N98000003934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

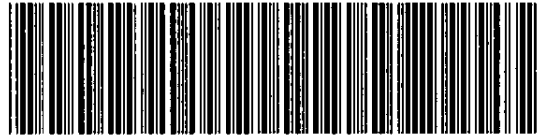
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
09 NOV 30 PM 1:00

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10 11/30/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Retired Physicians Association of Collier County, Inc.
Name of Corporation

DOCUMENT NUMBER: N98000003934

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:

Arlene F. Austin, Esq.
Name of Contact Person

Arlene F. Austin, P.A.
Firm/Company

6312 Trail Blvd.
Address

Naples, FL 34108
City/State and Zip Code

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

For further information concerning this matter, please call:

Arlene F. Austin at (239) 514-8211
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2009

ARLENE F. AUSTIN, ESQ.
ARLENE F. AUSTIN, P.A.
6312 TRAIL BLVD.
NAPLES, FL 34108

SUBJECT: RETIRED PHYSICIANS ASSOCIATION OF COLLIER COUNTY,
INC.
Ref. Number: N98000003934

We have received your document for RETIRED PHYSICIANS ASSOCIATION OF COLLIER COUNTY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 909A00035829

RECEIVED
NOV 30 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: Retired Physicians Association of Collier County, Inc.
2. The principal office address: 970 Cape Marco Drive, Unit #2302
Marco Island, FL 34145
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/6/98 Document number: N98000003934
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)

Arlene F. Austin, P.A.

700 11th Street South, Suite 102

Naples, FL 34102

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

Arlene F. Austin, P.A.

6312 Trail Blvd.

P.O. Box NOT acceptable

Naples, FL 34108

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.

Steele F. Stewart, Jr.
Signature of an officer or director

Steele F. Stewart, Jr., M.D. Treasurer
Roger Kempers, M.D., 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]
Signature of Registered Agent

11/02/09
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

CR2E045 (8/05)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 NOV 30 PM 1:00