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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

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(Business Entity Name)

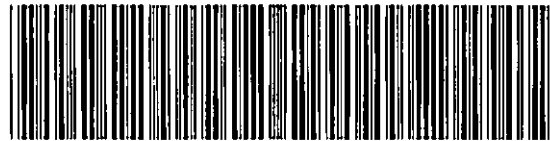
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SECRETARY OF STATE  
TALLAHASSEE FL 32309

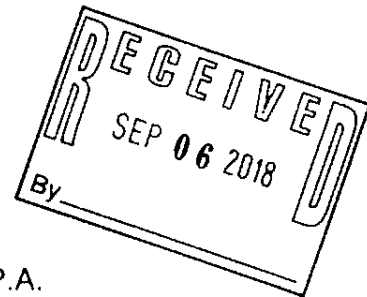
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 31, 2018

JULIE PETERSON  
ADVANCED PAIN MANAGEMENT SPECIALISTS, PA  
8255 COLLEGE PKWY  
FT.MYERS, FL 33919



SUBJECT: ADVANCED PAIN MANAGEMENT SPECIALISTS, P.A.  
Ref. Number: P01000001354

We have received your document for ADVANCED PAIN MANAGEMENT SPECIALISTS, P.A. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 918A00018185

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Advanced Pain Management Specialists, P.A.  
Name of Corporation

DOCUMENT NUMBER: P010000001354

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:

Julia Peterson  
Name of Contact Person  
Advanced Pain Management Specialists PA  
Firm/Company  
8255 College Pkwy  
Address  
Ft Myers, FL 33919  
City/State and Zip Code  
Financial @ APMSS.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julia Peterson at ( 239 ) 337-6808  
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Advanced Pain Management Specialists, PA.
2. The principal office address: 8255 College Pkwy  
Ft Myers, FL 33919
3. The mailing address (if different): PO Box 7400  
Ft Myers, FL 33919
4. Date of incorporation/qualification: 1/4/2001 Document number: PO1000001354
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)

Dellutri, Carmen Esq  
1436 Royal Palm Square Blvd.  
Fort Myers, FL 33919

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

Nicole Waid  
2390 Tamiami Trail N., Suite 100  
P.O. Box NOT acceptable  
Naples, FL 34103

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] Jonathan Daitch D  
Signature of an officer or director 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.

Nicole H. Waid 9/18/18  
Signature of Registered Agent Date

If signing on behalf of an entity:

Nicole H. Waid  
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 (03/12)

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18 SEP 25 AM 6:10  
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TALLAHASSEE, FLORIDA