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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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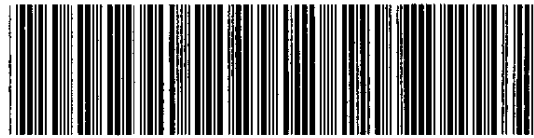
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
10 JAN 29 PM 12:41
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R.A. Chong
C.COULLETTE

JAN 29 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CONSOLIDATED PHYSICIAN SERVICES, INC.
Name of Corporation

DOCUMENT NUMBER: P01000051957

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:

JEFF R. CASEY
Name of Contact Person

CONSOLIDATED PHYSICIAN SERVICES, INC.
Firm/Company

6311 GARLAND COURT
Address

NEW PORT RICHEY, FL 34652-2042
City/State and Zip Code

JCASEY@TAMPABAY.RR.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFF R. CASEY at (727) 845-0555
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

January 22, 2010

JEFF R. CASEY
CONSOLIDATED PHYSICIAN SERVICES, INC.
6311 GARLAND CT
NEW PORT RICHEY, FL 34652-2042

SUBJECT: CONSOLIDATED PHYSICIAN SERVICES, INC.
Ref. Number: P01000051957

We have received your document for CONSOLIDATED PHYSICIAN SERVICES, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 610A00001749

Corrected Form is Attached.

RECEIVED
JAN 28 AM 8:00
JEFF R. CASEY
CONSOLIDATED PHYSICIAN SERVICES, INC.

*Jeff R. Casey
President
Consolidated Physician Services, Inc.
1/25/2010*

**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: CONSOLIDATED PHYSICIAN SERVICES, INC.
2. The principal office address: 6311 GARLAND COURT, NEW PORT RICHEY, FL 34652-2042
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/18/2001 Document number: P01000051957
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)

TORRENCE, ALFRED W JR

6709 RIDGE ROAD, SUITE 109

PORT RICHEY FL 34668 US

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

JEFFERSON R. CASEY

6311 GARLAND COURT

P.O. Box NOT acceptable

NEW PORT RICHEY, FL 34652-2042

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

JEFF R. CASEY, 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

1/14/2010

Date

If signing on behalf of an entity:

JEFF R. CASEY, PRESIDENT

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)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JAN 29 PM 12:41