

PO1000077295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700174859997

04/08/10--01014--003..\*\*35.00..

KA to Cy

FILED

10 MAY 13 AM 11:38

CLERK OF STATE  
TALLAHASSEE, FLORIDA

Roberts MAY 17 2010



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 9, 2010

RICHARD A. PROCTOR  
RICHARD A. PROCTOR, DO, PHARMD, PA  
P O BOX 14790  
BRADENTON, FL 34280-4790

SUBJECT: RICHARD A. PROCTOR, D.O., PHARM.D., P.A.  
Ref. Number: P01000077295

We have received your document for RICHARD A. PROCTOR, D.O., PHARM.D., P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete block #6. The new registered agent must sign below in the space provided on the form.

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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 110A00008770

*Ms. ROBERTS,  
THANKS FOR YOUR ASSISTANCE YESTERDAY.  
I COMPLETED THE FORM PER YOUR  
INSTRUCTIONS.*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Richard A. Proctor, D.O., Pharm.D., P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P01000077295

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:

Richard A Proctor  
Name of Contact Person

Richard A Proctor, DO, PharmD, PA  
Firm/Company

P.O. Box 14790  
Address

Bradenton, FL 34280-4790  
City/State and Zip Code

docpro1@verizon.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard A Proctor at ( 941 ) 518-5809  
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: Richard A. Proctor, D.O., Pharm.D., P.A.
2. The principal office address: 410 43rd Street West, Suite I, Bradenton, FL 34209
3. The mailing address (if different): P.O. Box 14790, Bradenton, FL 34280-4790
4. Date of incorporation/qualification: 08/02/2001 Document number: P01000077295

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)

Allen, R. Keith (deceased August 2009)

4675 Ponce De Leon Blvd, Suite 302

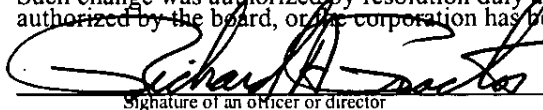
Coral Gables, FL 33146

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

None RICHARD A. PROCTOR  
410 43<sup>RD</sup> STREET WEST, SUITE I  
P.O. Box NOT acceptable  
BRADENTON, FL 34209

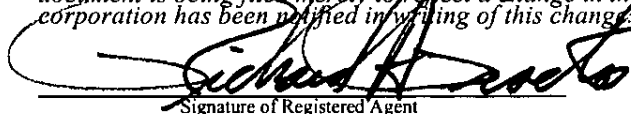
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Richard A Proctor, 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

May 11, 2010  
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

FILED  
10 MAY 13 AM 11:38  
TALLAHASSEE, FLORIDA  
CLERK OF STATE