

PO2000134666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

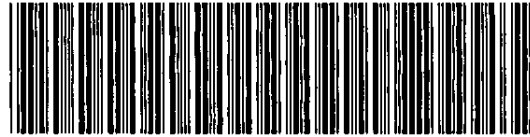
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Michael S. VARONE MD, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** PO 2000134666

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:

Michael S VARONE MD  
Name of Contact Person

Michael S VARONE MD, P.A.  
Firm/Company

6919 Dominion Lane  
Address

Bradenton FL 34202  
City/State and Zip Code

LLVMSV@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael S VARONE MD at (941) 952-8147  
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: Michael S. VARONE M.D., P.A.
2. The principal office address: 6919 Dominion Lane  
Bradenton FL 34202
3. The mailing address (if different): (Same)
4. Date of incorporation/qualification: 12/27/2002 Document number: P02000134666
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)
- Michael S VARONE MD  
7503 ABBEY Glen  
Bradenton FL 34202

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

Michael S. VARONE MD  
6919 Dominion Lane  
Bradenton, FL 34202

P.O. Box NOT acceptable

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.

Michael S Varone MD  
Signature of an officer or director

Michael S VARONE MD 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.

Michael S Varone MD  
Signature of Registered Agent

8/5/2013  
Date

If signing on behalf of an entity:

Michael S VARONE MD  
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)