

PO2000134666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

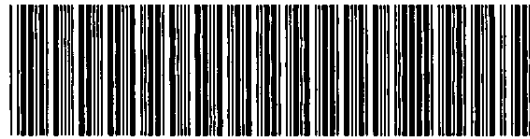
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500250221255

08/09/13--01010--003 **35.00

FILED
2013 AUG -9 PM 12:16
TALLAHASSEE, FLORIDA

AUG 14 2013
T. LEMIEUX
[Signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Michael S. Varone M.D., 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, PA.
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

RECEIVED
TALLAHASSEE
2013 AUG -9 11:16 AM
FILED

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 ***