

P03000 00 6228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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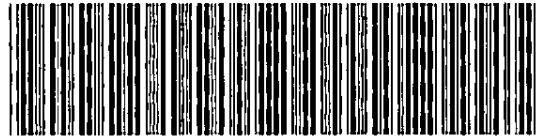
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Associates in Orthopedics, P.A.
Name of Corporation

DOCUMENT NUMBER: P03000006228

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:

Kelsey J. Veitengruber

Name of Contact Person

Farr Law Firm

Firm/Company

99 Nesbit Street

Address

Punta Gorda, Florida 33950

City/State and Zip Code

kveitengruber@farr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelsey J. Veitengruber

Name of Contact Person

at (941) 639-1158

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Associates in Orthopedics, P.A.
2. The principal office address: 415 E. Olympia Avenue, Suite 211, Punta Gorda, Florida 33950
3. The mailing address (if different): Same as Principal Office Address
4. Date of incorporation/qualification: 1.13.2003 Document number: PD3000006228
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)

Jeff Brown

366 E. Olympia Avenue

Punta Gorda, Florida 33950

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

Kelsey J. Veitengruber, Farr Law Firm

99 Nesbit Street

P.O. Box NOT acceptable

Punta Gorda, Florida 33950

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.

Steph Schroeder, M.D.
Signature of an officer or director

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.

K Veitengruber
Signature of Registered Agent

2/18/21
Date

If signing on behalf of an entity:

Kelsey Veitengruber
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 (04/13)