

P03000141747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

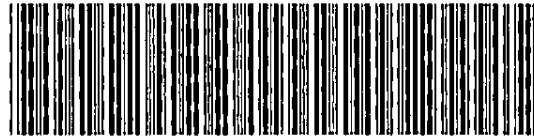
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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Car

LEWIS W. FISHMAN
PROFESSIONAL ASSOCIATION
ATTORNEY AND COUNSELLOR AT LAW
7700 NORTH KENDALL DRIVE
SUITE 408
MIAMI, FLORIDA 33156

LEWIS W. FISHMAN
FLORIDA BAR BOARD CERTIFIED IN HEALTH LAW

TELEPHONE 305-670-2100

October 1, 2020

Ethel D. Owen, CPC, CMPM
Practice Administrator
Arthritis and Rheumatology Associates of Palm Beach, Inc.
6056 Boynton Beach Blvd.
Suite 145
Boynton Beach, FL 33437

Re: Change of Registered Agent

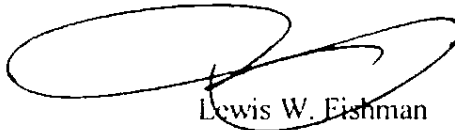
Dear Ethel:

In furtherance of your email of yesterday relative to the change of Registered Agent of ARAPB and updating of Officers and Directors, I went on the Division of Corporations website. There is no form or requirement that I can find that mandates you update the Officers or identity of all Directors between annual reporting periods. Since none of the listed Directors have resigned, I do not believe it necessary or a violation that ARAPB waits until it files its 2021 Corporate Annual Report to update the identity of the Officers and add Dr. Garcia as a Director.

With regard to changing the identity of the Registered Agent from Mr. Cohen to myself, it is necessary that Dr. Greer also sign the form. Accordingly, I have completed the Cover Letter and Change of Registered Agent form, signed the form indicating my acceptance, and enclose the form, together with a stamped envelope addressed to the Division of Corporations and my check in the amount of \$35.00 for the filing fee. Please have Dr. Greer sign the form where indicated, and then mail it together with the check in the enclosed envelope.

If you have any questions please let me know.

Cordially,



Lewis W. Fishman

LWF:
Encl.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Arthritis and Rheumatology Associates of Palm Beach, Inc.
Name of Corporation

DOCUMENT NUMBER: P03000141747

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:

Lewis W. Fishman

Name of Contact Person

Lewis W. Fishman, P.A.

Firm/Company

7700 North Kendall Drive Suite 408

Address

Miami, FL 33156

City/State and Zip Code

lwtpa@aol.com

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

For further information concerning this matter, please call:

Lewis W. Fishman

Name of Contact Person

at (305)

670-2100

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: Arthritis and Rheumatology Associates of Palm Beach, Inc.
2. The principal office address: 6056 Boynton Beach Blvd., Suite 145, Boynton Beach, FL 33437
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/01/2003 Document number: P03000141747
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)

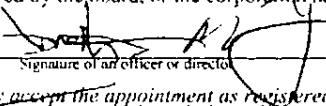
Jeffrey L. Cohen, Esq.
909 SE 5th Avenue
Boynton Beach, FL 33437

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

Lewis W. Fishman
7700 North Kendall Drive, Suite 408
_____ P.O. Box NOT acceptable
Miami, FL 33156

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

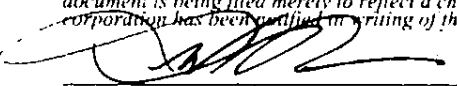
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Jonathan Greer, M.D., 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

10/01/2020

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

CR2E045 (04/13)

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