

PA000081282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

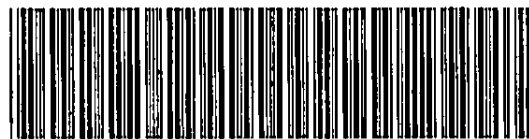
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400301652744 ✓

07/26/17--01001--028 **35.00

S TALLENT

AUG 25 2017

RIA-CH

FILED
17 AUG 23 PM 3:23
U.S. DISTRICT COURT
DISTRICT OF COLUMBIA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2017

Return ↑
DANIEL BENDETOWICZ
DANIEL BENDETOWICZ MD PA
6840 INTERNATIONAL CENTER BLVD
FORT MYERS, FL 33912

SUBJECT: DANIEL BENDETOWICZ, M.D., P.A.
Ref. Number: P04000081282

RECEIVED
2017 AUG 21 AM 12:21
TALLAHASSEE, FLORIDA

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 417A00015810

RECEIVED
17 AUG 23 PM 2:07
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Returned to Sunbiz:
Attached is the new, corrected form.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DANIEL BENDETOWICZ MD, PA

Name of Corporation

DOCUMENT NUMBER: P04000081282

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:

DANIEL BENDETOWICZ, PSTD

Name of Contact Person

DANIEL BENDETOWICZ MD, PA

Firm/Company

6840 INTERNATIONAL CENTER BLVD

Address

FORT MYERS, FL 33912

City/State and Zip Code

DOCTORBEN@DOCTORBEN.NET ✓

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

For further information concerning this matter, please call:

DANIEL BENDETOWICZ, PSTD

Name of Contact Person

at (239) 985-1050

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: DANIEL BENDETOWICZ, MD PA
2. The principal office address: 6840 INTERNATIONAL CENTER BOULEVARD, FORT MYERS FL 33912
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/20/2004 Document number: P04000081282
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)

DANIEL BENDETOWICZ, PSTD

8310 ARBORFIELD CT

FT. MYERS, FL 33912

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

DANIEL BENDETOWICZ, PSTD

6840 INTERNATIONAL CENTER BOULEVARD

P.O. Box NOT acceptable

FORT MYERS, FL 33912

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.

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 officer or director

DANIEL BENDETOWICZ, PRES

Printed or typed name and title

Signature of Registered Agent

DANIEL BENDETOWICZ, PSTD

Date

If signing on behalf of an entity,

DANIEL BENDETOWICZ, PD PA

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)

FILED

17 AUG 23 PM 3:23

CLERK OF THE CIRCUIT COURT