

PO5000106059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

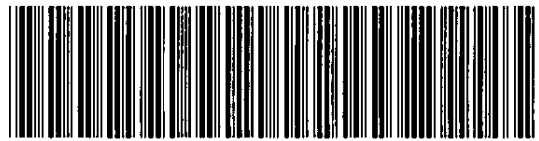
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



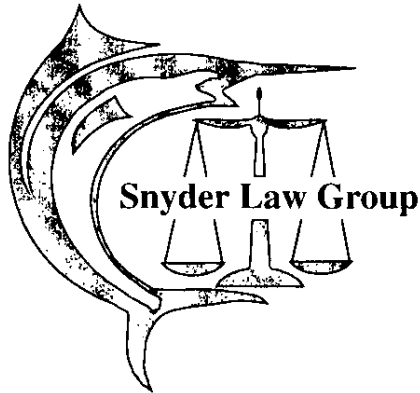
000157454740

000157454740  
06/22/09- 01035--012 \*\*35.00

FILED  
09 JUN 22 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

60153296  
06/24/09  
77

11031 Gatewood Drive  
Bradenton, FL 34211  
Telephone 941-747-3456  
Fax 941-747-6789  
www.snyderlawgroup.com



Ryan L. Snyder, Esq.  
Nicole L. Jordan, Esq.

Licensed to Practice in:

*All Florida State Courts  
U.S. Middle District Florida  
Eleventh Circuit Court of Appeals*

June 19, 2009

**Via U.S. Mail**

Division of Corporations  
Attn: Amendment Section  
PO Box 6327  
Tallahassee, FL 32314

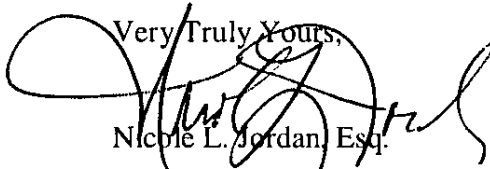
Re: Samuel W. S'Doia, M.D., P.A.

To Whom It May Concern:

Please find enclosed a fully completed Cover Letter and a fully executed Statement of Change of Registered Office or Registered Agent or Both for Corporations. Also, please find enclosed a firm check made payable to the Department of State for \$35.00 which represents the amendment fee.

Kindly update the information on the enclosed Statement of Change with the online system at your earliest convenience.

If you have any questions about the content of this letter, please feel free to contact me directly.

Very Truly Yours,  
  
Nicole L. Jordan, Esq.

cc: Client

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Samuel W. S'Doia, M.D., P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P05000106059

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:

Nicole Jordan, Esq.  
Name of Contact Person

Snyder Law Group, P.A.  
Firm/Company

11031 Gatewood Drive  
Address

Bradenton, FL 34211  
City/State and Zip Code

nicole@snyderlawgroup.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Jordan, Esq. at ( 941 ) 747-3456  
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Samuel W. S'Doia, M.D., P.A.
2. The principal office address: 4610 34th Avenue West, Bradenton, FL 34209
3. The mailing address (if different): 4610 34th Avenue West, Bradenton, FL 34209
4. Date of incorporation/qualification: 07/29/05 Document number: P05000106059
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)

Thomas W. Harrison

1206 Manatee Avenue West

Bradenton, FL 34205

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

Nicole L. Jordan, Esq.

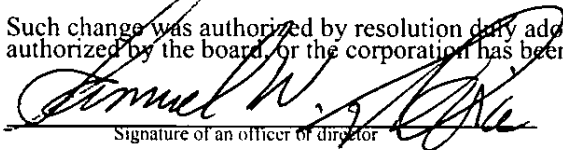
11031 Gatewood Drive

P.O. Box NOT acceptable

Bradenton, FL 34211

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

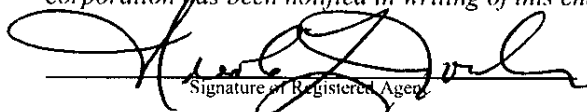
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Samuel W. S'Doia, Director

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

June 18, 2009

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 (8/05)

FILED  
09 JUN 22 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA