

P05000138710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

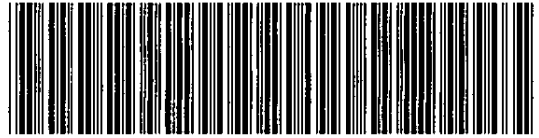
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 7, 2009

RICHARD A. LEVINE
RICHARD A. LEVINE, M.D., FACP, P.A.
2220 SW 16 PLACE
BOCA RATON, FL 33486

SUBJECT: RICHARD A. LEVINE, M.D. FACP, P.A.
Ref. Number: P05000138710

We have received your document for RICHARD A. LEVINE, M.D. FACP, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 209A00011577

*This is
TO
NEG AGENT!*

*↓
? just
fill in!*

RECEIVED
2009 APR 20 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RICHARD A. LEVINE, MD FACP, PA
(Name of Corporation)

DOCUMENT NUMBER: P05000138710 confirmed 600144691796

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:

RICHARD A. LEVINE, MD FACP PA
(Name of Contact Person)

RICHARD A. LEVINE MD FACP PA
(Firm/Company)

2220 SW 16 PLACE
(Address)

BOU RABON, FL 33486
(City/State and Zip Code)

For further information concerning this matter, please call:

RICHARD A. LEVINE at (561) 368-0191
(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: RICHARD A. LEVINE M.D. FACP, PA.
2. The principal office address: 7280 WEST PALMETTO PARK ROAD SUITE 205
BOW PATON, FL 33486
3. The mailing address (if different): 2220 S.W. 16TH PLACE
BOW PATON, FL 33486
4. Date of incorporation/qualification: 10/2006 Document number: _____
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)

REGISTERED COMPREHENSIVE AGENTS, INC
515 EAST PARK AVE
TALLAHASSEE, FL 32301

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

RICHARD A. LEVINE
2220 SW 16TH PLACE
(P.O. Box NOT acceptable)
BOW PATON, FL 33486

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TALLAHASSEE, FLORIDA

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]
(Signature of an officer or director)

RICHARD A. LEVINE 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.*

[Signature]
(Signature of Registered Agent)

3/30/09
(Date)

If signing on behalf of an entity:

AS ABOVE
(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)