

P06000022860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

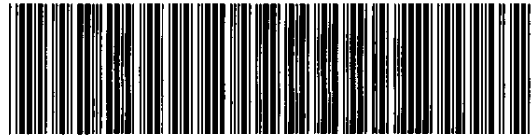
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100181318121

05/27/10--01014--002 \*\*35.00

RA to chy

FILED  
10 JUN -7 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Roberts JUN 07 2010



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 27, 2010

DR. MICHELLE CHANNING  
DR. MICHELLE CHANNING, P.A.  
2741 EXECUTIVE PARK DR #3  
WESTON, FL 33331

SUBJECT: DR. MICHELLE CHANNING, P.A.  
Ref. Number: P06000022860

We have received your document for DR. MICHELLE CHANNING, 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.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 410A00013389

*Handwritten signature/initials*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dr. Michelle Channing, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** PD6000022860

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:

Dr. Michelle Channing  
Name of Contact Person

Dr. Michelle Channing, P.A.  
Firm/Company

2741 Executive Park Drive #3  
Address

Weston, FL 33331  
City/State and Zip Code

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

For further information concerning this matter, please call:

Dr. Michelle Channing at (954) 385-6750  
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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Dr. Michelle Channing, P.A.
2. The principal office address: 2741 Executive Park Drive, #3  
Weston, FL 33331
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 2/15/2006 Document number: PD6000022860
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)

Jay E. Auerbach  
2338 Hollywood Blvd  
Hollywood, FL 33020

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

Dr. Michelle Channing  
2741 Executive Park Drive, #3  
Weston, FL 33331

P.O. Box NOT acceptable

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.

Dr. Michelle Channing  
Signature of an officer or director

Dr. Michelle Channing / 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.

Dr. Michelle Channing  
Signature of Registered Agent

5/20/2010  
Date

If signing on behalf of an entity:

Dr. Michelle Channing  
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  
10 JUN -7 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA