

P06 0000 64471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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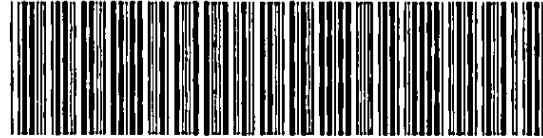
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: De Anne Harris Collier, M.D., P.A.
Name of Corporation

DOCUMENT NUMBER: P06000064471

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:

De Anne Harris Collier

Name of Contact Person

De Anne Harris Collier, M.D., P.A.

Firm/Company

2151 Alternate A1A South, Ste. 1350

Address

Jupiter, FL 33477

City/State and Zip Code

dhcollier@me.com

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

For further information concerning this matter, please call:

De Anne Harris Collier

at (561) 575-7546

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
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: De Anne Harris Collier, M.D., P.A.
2. The principal office address: 2151 Alternate A1A South Ste. 1350
Jupiter, FL 33477

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/05/2006 Document number: P06000064471

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)

Corporate Service Company

1201 Hays Street

Tallahassee, FL 32301

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

De Anne Harris Collier

2151 Alternate A1A South Ste. 1350

P.O. Box NOT acceptable

Jupiter, FL 33477

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.

X De Anne Harris Collier
Signature of an officer or director

De Anne Harris Collier, 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.

X De Anne Harris Collier
Signature of Registered Agent

12/5/2020
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)