

P87000001415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

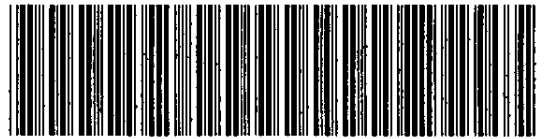
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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PA
Change
08/08/08--01014--002 **43.75

FILED
2008 AUG 29 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
8/29/08

*00789, 00721, 00709, 00671

RINGER, HENRY, BUCKLEY & SEACORD, P.A.

Attorneys at Law

14 EAST WASHINGTON STREET, SUITE 200
ORLANDO, FLORIDA 32801
WWW.RINGERHENRY.COM

REPLY ADDRESS:
POST OFFICE BOX 4922
ORLANDO, FL 32802-4922
TELEPHONE 407-841-3800
FACSIMILE 407-841-3855

PIERRE J. SEACORD
PSEACORD@RINGERHENRY.COM

August 5, 2008

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Osceola OB/GYN, P.A.
Our File: 459.001

To Whom It May Concern:

Enclosed please find the following:

1. Cover Letter
2. Statement of Change of Registered Office or Registered Agent or Both for Corporation
3. Check No. 10285 in the amount of \$43.75 representing the \$35 filing fee and \$8.75 certification fee for the filing

If the enclosed meet the state requirements, please file the enclosed and return a certified copy of the statement of change in the enclosed self-address stamped return envelope. If you have any questions or additional requirements, please do not hesitate to contact me.

Sincerely,


Pierre J. Seacord

PJS/fmw

Enclosures

cc: Dr. Michael Denardis (w/enc.)
Dr. Mark Palazolo (w/enc.)

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Osceola OB/GYN P./A.

(Name of Corporation)

DOCUMENT NUMBER: P07000001415

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:

Pierre J. Seacord, P.A.

(Name of Contact Person)

Ringer, Henry, Buckley & Seacord, P.A.

(Firm/Company)

14 East Washington Street Suite 200

(Address)

Orlando, FL 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

Pierre J. Seacord, P.A.

(Name of Contact Person)

at (407) 841-3800

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2008

Pierre J. Seacord
Ringer, Henry, Buckley & Seacord, P.A.
14 East Washington Street, Suite 200
Orlando, FL 32801

SUBJECT: OSCEOLA OB/GYN, P.A.
Ref. Number: P07000001415

RECEIVED

AUG 18 2008

RINGER, HENRY, BUCKLEY
& SEACORD, P.A.

We have received your document for OSCEOLA OB/GYN, P.A. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 808A00046086

RECEIVED
2008 AUG 29 AM 8:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

RINGER, HENRY, BUCKLEY & SEACORD, P.A.

Attorneys at Law

14 EAST WASHINGTON STREET, SUITE 200
ORLANDO, FLORIDA 32801
WWW.RINGERHENRY.COM

REPLY ADDRESS:
POST OFFICE BOX 4922
ORLANDO, FL 32802-4922
TELEPHONE 407-841-3800
FACSIMILE 407-841-3855

KATHERINE GRIFFITH
PARALEGAL
KGRIFFITH@RINGERHENRY.COM

August 27, 2008

Annette Ramsey
Regulatory Specialist II
FL Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

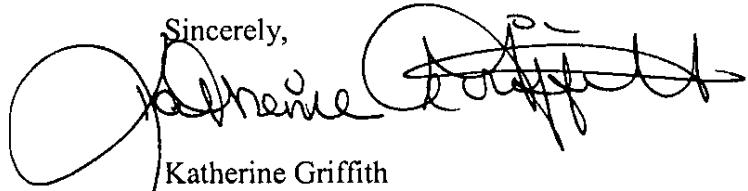
Re: Letter No.: 808A00046086 / Ref. No.: P07000001415
Osceola OB/GYN, P.A.

Dear Ms. Ramsey:

In response to your letter dated August 14th, 2008, enclosed please find the corrected Statement of Change of Registered Office or Registered Agent or Both for Corporation with reference to the requested change as to the current address for the registered agent.

Thank you for your assistance in this matter.

Sincerely,



Katherine Griffith
Paralegal to Pierre J. Seacord, Esquire

Enclosure(s)
/ktg

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: Osceola OB/GYN P.A.
2. The principal office address: 907 B. North Central Ave., Kissimmee, FL 34741
3. The mailing address (if different): _____
4. Date of incorporation/qualification: January 3, 2007 Document number: P07000001415
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Michael R. DeNardis, D.O.

909 Waterside Lane, #205

Celebration, FL 34747

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

Ringer, Henry, Buckley & Seacord, P.A.

14 East Washington Street Suite 200

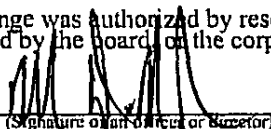
(P.O. Box NOT acceptable)

Orlando, FL 32801

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SECRETARY OF STATE
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 of an officer or director)

Michael R. DeNardis, D.O.

(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)

8/5/08
(Date)

If signing on behalf of an entity:

Pierre Seacord Esq
(Typed or Printed Name)

Ringer, Henry, Buckley, Seacord * 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)