

PO7000101791

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TALLAHASSEE FLORIDA

TS
PO
11/19/07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mark A Roberts MD PA
(Name of Corporation)

DOCUMENT NUMBER: P07000101791

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:

Stephanie Roberts
(Name of Contact Person)

West Coast Physicians
(Firm/Company)

65 66th Street North
(Address)

St Petersburg FL 33710
(City/State and Zip Code)

For further information concerning this matter, please call:

Stephanie Roberts at (727) 543 3315
(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: Mark A Roberts, M.D., P.A.
2. The principal office address: 65 66th St. N St. Petersburg
FL 33710
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 09/12/07 Document number: P07000101791

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Mark A Roberts
1240 81st St. S.
St Petersburg FL 33707

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

Mark A Roberts
65 66th St. N.
(P.O. Box NOT acceptable)
St. Petersburg FL 33710

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TALLAHASSEE FLORIDA

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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.

Mark A. Roberts
(Signature of an officer or director)

Mark A Roberts MD 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)

(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