

PO8000042350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts AUG 30 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: First Choice Therapy Center
Name of Corporation

DOCUMENT NUMBER: PD8000042350

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:

Priscilla Tijering
Name of Contact Person

First Choice Therapy Center
Firm/Company

5644 Tavilla Circle, Suite 104
Address

NAPLES, FL 34110
City/State and Zip Code

info@firstchoicetherapycenter.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Priscilla Tijering at (239) 514-5010
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: First Choice Therapy Center Inc,
2. The principal office address: 5644 Tavilla Circle, Suite 104
NAPLES, FL 34110
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 4/25/08 Document number: P08 000042350

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)

Nanci Lucano
2960 Immokalee Road
Suite 3
NAPLES, FL 34110

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

5644 Tavilla Circle Suite 104
NAPLES FL 34110

P.O. Box NOT acceptable

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SECRETARY OF STATE

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.

Nanci Lucano
Signature of an officer or director

NANCI LUCANO
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.

Nanci Lucano
Signature of Registered Agent

Aug 24, 2010
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