

P08000044762

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R.A.

JUL 31 2012

T. BROWN

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Jonathan Sanders, M.D., P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P08000044762

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:

Barbara Bowman  
Name of Contact Person

Sanders Dermatology  
Firm/Company

1155 35<sup>th</sup> Lane #202  
Address

Vero Beach, FL 32960  
City/State and Zip Code

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

For further information concerning this matter, please call:

Marjorie Sanders at (305) 218-7807  
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: Jonathan Sanders, M.D., P.A.  
2. The principal office address: 1155 35<sup>th</sup> Lane Suite 202  
Vero Beach, FL 32960  
3. The mailing address (if different): (same)  
4. Date of incorporation/qualification: 5/2/08 Document number: P08000044762  
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)

Jonathan Sanders, MD  
140 SW Chamber Court #200  
Port St Lucie FL 34986

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

Jonathan Sanders, MD  
1155 35<sup>th</sup> Lane, Suite 202  
P.O. Box NOT acceptable  
Vero Beach, FL 32960

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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.

[Signature]  
Signature of an officer or director

Jonathan Sanders, MD, 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.*

[Signature]  
Signature of Registered Agent

7-20-12  
Date

If signing on behalf of an entity:

Jonathan Sanders, MD  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*