

PD9000023913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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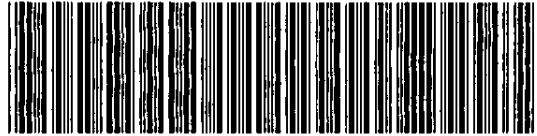
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

No Change
News
3-1-10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BISCAYNE WELLNESS CENTER of South Florida
Name of Corporation

DOCUMENT NUMBER: P 09000023913

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:

GERALD D. LEVINE
Name of Contact Person

BISCAYNE WELLNESS CENTER of South Florida
Firm/Company

909 N.E. 167TH STREET, SUITE 502
Address

NORTH MIAMI BEACH, FL 33162
City/State and Zip Code

GDLCCY2AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDWARD MEDINA at (305) 354-2774
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2010

GERALD D. LEVINE
BISCAYNE WELLNESS CENTER OF SOUTH
909 N.E. 167TH STREET, SUITE 502
NORTH MIAMI BEACH, FL 33162

SUBJECT: BISCAYNE WELLNESS CENTER OF SOUTH FLORIDA INC
Ref. Number: P09000023913

~~We have received your document for BISCAYNE WELLNESS CENTER OF SOUTH FLORIDA INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):~~

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 210A00000697

REC-25 JAN 8 2010
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: BISCAYNE WELLNESS CENTER of North Florida INC
2. The principal office address: 909 N.E. 167TH STREET, SUITE 502
NORTH MIAMI BEACH, FL 33162
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3-16-09 Document number: P09000023913
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)

GERALD D. LEVINE
13899 BISCAYNE BLVD., SUITE 102
NORTH MIAMI, FL 33181

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

GERALD D. LEVINE
909 NE 167TH STREET, SUITE 502
P.O. Box NOT acceptable
NORTH MIAMI BEACH, FL 33162

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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.

Gerald D. Levine
Signature of an officer or director

GERALD D. LEVINE OWNER
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.

Gerald D. Levine
Signature of Registered Agent

1-15-2010
Date

If signing on behalf of an entity:

GERALD D. LEVINE
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 (8/05)