

PD9000023913

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(Business Entity Name)

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**FILED**  
2010 FEB 26 P 12: 27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*No change  
Fees  
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

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

For further information concerning this matter, please call:

EDWARD MEDERA 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-11  
2010 FEB 25 AM 8:30  
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  
NORTH MIAMI BEACH, FL 33162

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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.

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