

P1 000058864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

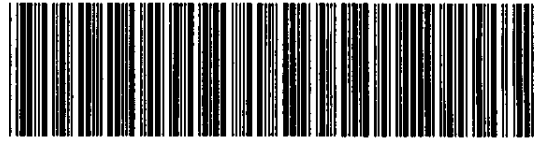
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

9/12/16

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HELEN KRAUS, M.D., P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P10000058864

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 Condit Canning

Name of Contact Person

Canning & Canning LLC

Firm/Company

1000 Skokie Blvd. Ste 355

Address

Wilmette, IL 60091

City/State and Zip Code

canningbarbara@comcast.net

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

For further information concerning this matter, please call:

Barbara Canning

Name of Contact Person

at ( 847 ) 853-7041  
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: Helen Kraus, M.D., P.A.  
2. The principal office address: 720 W. Oak Street, Suite 105, Kissimmee, FL 34741

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 07/16/2010 Document number: P0000058864

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)

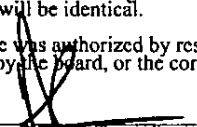
Helen Krause, M.D.  
631 Mulberry Ave.  
Celebration, FL 34747

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

Scott Schlauder, M.D.  
720 W. Oak Street, Suite 105  
P.O. Box NOT acceptable  
Kissimmee, FL 34741

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 of an officer or director

Helen Kraus, M.D.  
\_\_\_\_\_  
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

8/20/2016  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Scott Schlauder  
\_\_\_\_\_  
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 (03/12)

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