

P11000079746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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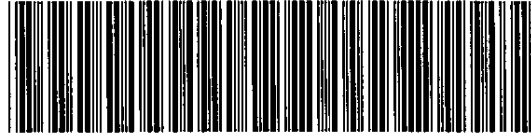
(Business Entity Name)

(Document Number)

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OCT 18 2015  
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2015 OCT 14 AM 11:00

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 3, 2016

MAURICE M GLAZER  
13747 MONTFORT DR STE 350  
DALLAS, TX 75240

SUBJECT: DOCTORS RESOURCE SERVICE OF FLORIDA, INC.  
Ref. Number: P11000079746

We have received your document for DOCTORS RESOURCE SERVICE OF FLORIDA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

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) 245-6050.

Cathy A Carrothers  
Regulatory Specialist

Letter Number: 416A00021242

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Doctors Resource Service of Florida, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P11000079746

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:

Maurice M Glazer

Name of Contact Person

Glazer Financial Network

Firm/Company

13747 Montfort Drive, Suite 350

Address

Dallas, Tx. 75240

City/State and Zip Code

mglazer@glazerfinancial.com

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

For further information concerning this matter, please call:

David Glazer

Name of Contact Person

at ( 972 ) 385-0007

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: Doctors Resource Service of Florida, Inc.  
2. The principal office address: 13747 Montfort Drive, Suite 350  
Dallas, TX. 75240  
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 09/09/2011 Document number: P11000079746

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)

United States Corporation Agents, Inc.

13302 Winding Oak Court, Ste A

Tampa, FL 33612

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

David Glazer

c/o VANCE REYNOLDS

1125 N. SAVANNA DR. APT 504

P.O. Box NOT acceptable

JENSEN BEACH, FL 34957

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.

Maurice Glazer  
Signature of an officer or director

Maurice Glazer, Sec/Treas

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

09-22-2016

Date

If signing on behalf of an entity:

David Glazer

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)