

P/200000 5437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

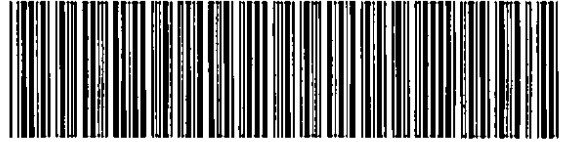
(Document Number)

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CLERK OF THE SUPERIOR COURT
JUL 26 10 01 AM '18

RA Change

AUG 16 2018

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JORGE SZAUER MD, PA
Name of Corporation

DOCUMENT NUMBER: P 12000005437

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:

JORGE SZAUER

Name of Contact Person

JORGE SZAUER MD, PA

Firm/Company

9750 NW 33rd STREET, SUITE 201

Address

CORAL SPRINGS, FL, 33065

City/State and Zip Code

SZAUER1@HOTMAIL.COM

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

For further information concerning this matter, please call:

Valentina Sanchez Ultrera

Name of Contact Person

at (954) 840-8950

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

July 31, 2018

JORGE S SZAUER, MD
JORGE S SZAUER, MD PA
9750 NW 33RD STREET, SUITE 201
CORAL SPRINGS, FL 33065

SUBJECT: JORGE SZAUER, M.D., P.A.
Ref. Number: P12000005437

We have received your document for JORGE SZAUER, M.D., P.A. 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 form you submitted is for a Limited Partnership, but your entity is a Corporation. Please complete and return the enclosed blank form(s).

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.

Diane Cushing
Senior Section Administrator

Letter Number: 818A00015763

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18 AUG 10 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FL

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: JORGE SZAUER MD PA
2. The principal office address: 9750 NW 33rd STREET SUITE 201
CORAL SPRINGS, FL 33065
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/17/2012 Document number: P12000005437

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)

9750 NW 33rd STREET, Suite 201
CORAL SPRINGS, FL 33065

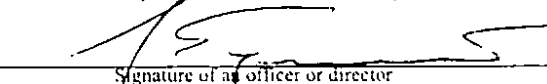
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

9750 NW 33rd STREET, Suite 201
CORAL SPRINGS, FL 33065

P.O. Box NOT acceptable

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.

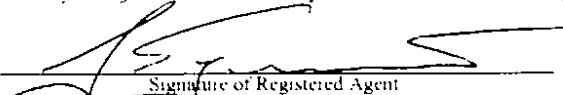


Signature of an officer or director

JORGE S SZAUER MD PA

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

08-07-2018

Date

If signing on behalf of an entity:

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

CR21E045 (03/12)