

P14 0000 81488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

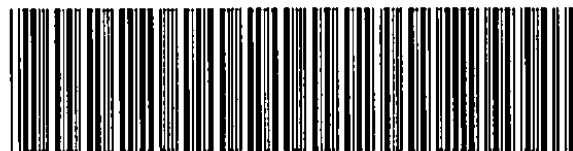
(Business Entity Name)

(Document Number)

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2020 JUL 30 PM 3:11

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 JUL 11 2:00

July 11, 2020

LAURA KOLSHAK, MD
2237 S. CONGRESS AVE
PALM SPRINGS, FL 33406

SUBJECT: HAND & WRIST SPECIALISTS OF THE PALM BEACHES, P.A.
Ref. Number: P14000081488

We have received your document for HAND & WRIST SPECIALISTS OF THE PALM BEACHES, 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

You failed to list the new registered agent info in the space provided.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 320A00013509

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hand & Wrist Specialists of the Palm Beaches, I
Name of Corporation

DOCUMENT NUMBER: P14000081488

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:

Laura Kulshak, MD
Name of Contact Person

Firm/Company

2237 S. Congress Ave
Address

Palm Springs, FL 33406
City/State and Zip Code

White.laurak@p@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Hind & Wrist Specialists of the Palm Beaches
2. The principal office address: 2237 S. Congress Ave
Palm Springs FL 33406
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10-3-2014 Document number: P14000081488
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)

Laura Kolshak, MD
2150 S. Congress Ave
Palm Springs, FL 33406

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

Laura Kolshak, MD
2237 S Congress Ave
Palm Springs FL 33406

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.

Laura Kolshak
Signature of an officer or director

Laura Kolshak MD
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

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
CR2E045 (04/13)