

P150000090197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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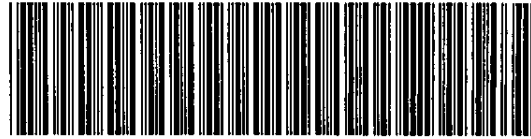
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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DEC 20 2016
ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PHYSICIANS ADVANCED LASER CENTERS, INC
Name of Corporation

DOCUMENT NUMBER: P15000090197

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:

BARRY GORDON

Name of Contact Person

PHYSICIANS ADVANCED LASER CENTERS, INC

Firm/Company

411 COMMERCIAL COURT, SUITE A

Address

VENICE, FL 34292

City/State and Zip Code

DRBARRY@ASKDRBARRY.COM

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

For further information concerning this matter, please call:

PATRICK DELUCA

Name of Contact Person

at (**941**) **586-2426**

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

November 30, 2016

BARRY GORDON
FLORIDA VACATION TELEHEALTH, P.A.
411 COMMERCIAL COURT - STE. A
VENICE, FL 34292

SUBJECT: PHYSICIAN'S ADVANCED LASER CENTERS, INC.
Ref. Number: P15000090197

We have received your document for PHYSICIAN'S ADVANCED LASER CENTERS, INC. and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

The form you submitted is for a Limited Liability Limited Partnership, but your entity is a Profit corporation. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 916A00025483

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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.

PHYSICIANS ADVANCED LASER CENTERS, INC

411 COMMERCIAL CT, SUITE A, VENICE, FL 34292

3. The mailing address (if different):

4. Date of incorporation/qualification: 11/04/2015

Document number: P15000090197

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)

BARRY GORDON

476 E SHADE DR

VENICE, FL 34293

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

BARRY GORDON

411 COMMERCIAL CT, SUITE A

P.O. Box NOT acceptable

VENICE, FL 34292

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.

DIRECTOR

Printed or typed name and title

Signature of an officer or director

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

12-13-2016

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 (03/12)

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