

P16000009735

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(Address)

(Address)

(City/State/Zip/Phone #)

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2018 FEB 20 AM 11:38

C. GOLDEN

FEB 21 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Medical Partners in Recovery, PA
Name of Corporation

DOCUMENT NUMBER: P16000009735

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:

Laurie Kupersmith

Name of Contact Person

Medical Partners in Recovery, PA

Firm/Company

5301 N. Federal Highway Suite 380

Address

Boca Raton, FL 33487

City/State and Zip Code

laurie@medicalpartnersinrecovery.com

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

For further information concerning this matter, please call:

Laurie Kupersmith

Name of Contact Person

at (561) 4009139

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

February 2, 2018

LAURIE KUPERSMITH
5301 N. FEDERAL HIGHWAY
SUITE 380
BOCA RATON, FL 33487

SUBJECT: MEDICAL PARTNERS IN RECOVERY, P.A.
Ref. Number: P16000009735

Corrected & Attached

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 018A00002300

RECEIVED
18 FEB 20 PM 12:38
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

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: Medical Partners in Recovery, PA
2. The principal office address: 5301 N Federal Highway Suite 380 Boca Raton FL 33487
3. The mailing address (if different): 1006 SE 5th Court Deerfield Beach, FL 33441
4. Date of incorporation/qualification: 1/28/16 Document number: P16000009735

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)

~~Legalzoom.com INC~~

~~100 W Broadway Suite 100-POB 29096~~

~~Glendale, CA 91209-9096~~

*United States Corporation Agency Inc.
13302 Windy Oaks Ct.
Suite A
Tampa FL 33612*

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

Laurie Kupersmith

5301 N Federal Highway Suite 380

P.O. Box NOT acceptable

Boca Raton FL 33487

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]
Signature of an officer or director

Laurie Kupersmith, President

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

1/20/18
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

Check submitted with submission

2018 FEB 20 4:11:38