

PI6000022296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

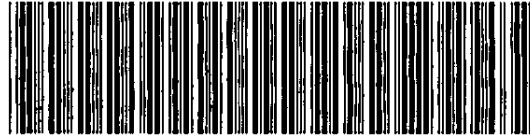
(Business Entity Name)

(Document Number)

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2016 JUN 15 PM 6:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUN 23 2016
C. CARROTHERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2016

NEIL KOPPEL
NEIL J KOPPEL DC PA
4500 EXECUTIVE DRIVE STE 330
NAPLES, FL 34119

SUBJECT: NEIL J. KOPPEL, D.C., P.A.
Ref. Number: P16000022296

We have received your document for NEIL J. KOPPEL, D.C., 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):

A SIGNATURE IS REQUIRED

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: 016A00010067

ATTN: Cathy Larrothers

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Neil J Koppel DC PA
Name of Corporation

DOCUMENT NUMBER: P16000022296

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:

Dr Neil J Koppel

Name of Contact Person

Neil J Koppel DC PA

Firm/Company

4500 Executive Drive

Address

Naples FL 34119

City/State and Zip Code

drkoppel@NaplesSpineandAcupuncture.com

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

For further information concerning this matter, please call:

Dr Neil Koppel

Name of Contact Person

at (917) 733-4377

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: Neil J Koppel DC PA
2. The principal office address: 4500 Executive Dr, Suite 330, Naples, FL 34119
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/11/2016 Document number: P16000022296

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)

Neil J Koppel

5440 Park Central CT, STE. 2

Naples, FL 34109

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

Neil J Koppel

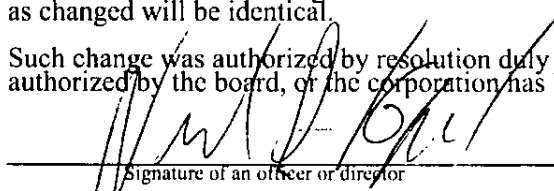
4500 Executive Drive, Suite 330

P.O. Box NOT acceptable

Naples, FL 34119

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

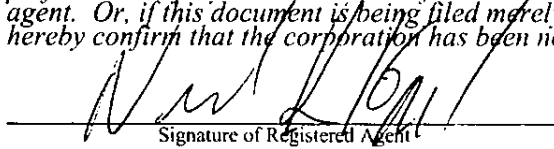
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Neil J Koppel

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

6/13/16

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 (03/12)

2016 JUN 15 PM 6:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

*ASH
check cashed
5/10/16*