

P16000023426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

9/15/16

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Nadia Pierre MD PA
Name of Corporation

DOCUMENT NUMBER: P1600000 23426

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:

Nadia Pierre MD
Name of Contact Person

Nadia Pierre MD PA
Firm/Company

12983 Southern Blvd Suite 201
Address

Loxahatchee, FL 33470
City/State and Zip Code

Nadia.Pierre1@att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nadia Pierre at (561) 791-2888
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
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Nadia Pierre MD, PA
2. The principal office address: 12983 Southern Blvd Suite 201
Loxchatchee, FL 33470
3. The mailing address (if different): 9314 Forest Hill Blvd Suite 34
Wellington, FL 33411
4. Date of incorporation/qualification: 3/14/16 Document number: P16000023426
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)

Nadia Pierre
3412 Princeton Drive
Wellington FL 33414

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

Nadia Pierre
12983 Southern Blvd Suite 201
Loxchatchee FL 33470

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.

Nadia Pierre
Signature of an officer or director

Nadia Pierre
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.

Nadia Pierre
Signature of Registered Agent

8-28-16
Date

If signing on behalf of an entity:

Nadia Pierre
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

FILED
16 SEP -6 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA