

P17000100422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

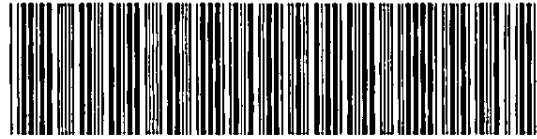
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2018 FEB -7 AM 9:57  
FEB 1

C. GOLDEN  
FEB - 8 2018

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Tracey Suzanne Corey PA  
Name of Corporation

DOCUMENT NUMBER: P17000100422

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:

Tracey S. Corey  
Name of Contact Person

Tracey Suzanne Corey PA  
Firm/Company

PO Box 770299  
Address

Ocala FL 34477  
City/State and Zip Code

TraceySCorey@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracey S. Corey, MD at ( 502 ) 376-5109  
Name of Contact Person Area Code & Daytime Telephone Number

~~Enclosed is a \$35.00 check made payable to the Department of State~~ check #1053 for \$35.00 to Dept. of State previously sent and was been cashed

**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

\* Reference: your letter # 818A00001366 (enclosed)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 22, 2018

TRACEY S. COREY, MD  
POST OFFICE BOX 770299  
OCALA, FL 34477

SUBJECT: TRACEY SUZANNE COREY, PA  
Ref. Number: P17000100422

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):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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: 818A00001366

RECEIVED  
18 FEB -7 PM 12:29  
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.

1. The name of the corporation: Tracey Suzanne Corey PA
2. The principal office address: 5999 NW 90th Ave, Ocala FL 34482
3. The mailing address (if different): PO Box 770299, Ocala FL 34477
4. Date of incorporation/qualification: 12/22/2017 Document number: P17000100422
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)

Tracey S. Corey, MD

4545 SW 60th Ave

Ocala, FL 34477

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

Tracey S. Corey, MD

5999 NW 90th Ave

P.O. Box NOT acceptable

Ocala, FL 34482

2018 FEB 07 AM 9:57

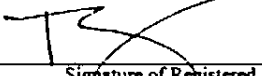
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Tracey S. Corey, 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 of Registered Agent

February 3, 2018  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Tracey S. Corey  
\_\_\_\_\_  
Typed or Printed Name

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