# P1800001469

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#### **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Medical Applications and Services PA

Name of Corporation

DOCUMENT NUMBER, P180

P18000001469

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:

Lee Sangeleer

Name of Contact Person

**Bouvier & Associates** 

Firm/Company

3210 N Wickham Road, Ste 5

Address

Melbourne, FL 32935

City/State and Zip Code

Isangeleer@bouvierassoc.com

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

For further information concerning this matter, please call:

Michael Grainger

,321 ,427-t

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

statement of cha	- ange is submitted for a corporation orge	502, 607.1508, or 617.1508, Florida Statutes, this anized under the laws of the State of Florida stered agent, or both, in the State of Florida.	
1. The name of t	the corporation: Medical Applicati	ions and Services PA	
2. The principal	office address: 1080 East River	Oaks Drive	
	Indialantic, FL 32	2903	
3. The mailing a	address (if different): Same		
4. Date of incorp	poration/qualification: 1/4/18	Document number: P18000001469	
5. The name and		d agent and registered office on file with the gned)	
	Michael Grainger		
	1080 Easter River Oaks Dri	ive	
	Indialantic, FL 32903		
6. The name and (if changed):		gent (if changed) and /or registered office	
	Michael Grainger		
	1080 East River Oaks Drive		IT
	P.O. Box N Indialantic, FL 32903	OT acceptable	$\bigcirc$
as changed will	ress of its registered office and the stree I be identical.	et address of the business office of its registered agent	<u>-</u>
Such change was authorized by the	vas authorized by resolution duly adopt the board, or the corporation has been to	ted by its board of directors or by an officer so notified in writing of the change.	
	1/2	Michael Grainger	
I hereby accept I further agree performance of	the appointment as registered agent of the appointment as registered agent of the comply with the provisions of all stops of the first duties, and I am familiar with and his document is heing filed merely to registrate the corporation has been notified	Printed or typed name and little  and agree to act in this capacity, tatutes relative to the proper and complete d accept the obligation of my position as registered effect a change in the registered office address, I d in writing of this change.	
	gnature of Registered Agent chalf of an entity:	Date	
Michael Gr			
	Typed or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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

#### Lee Sangeleer

To: Subject:

corphelp@dos.myflorida.com Doc Number P18000001469

The address for the registered agent was incorrectly entered as Easter River Oaks Drive, should have been East River Oaks Drive.

How can we get this corrected?

If you have any questions do not hesitate to contact me.

Thank you,

## Lee Sangeleer

#### Office Manager

<u>lsangeleer@bouvierassoc.com</u> https://www.bouvierassoc.com



3210 N. Wickham Rd. Ste. 5, Melbourne, FL 32935

Phone: (321)752-9967

Fax: (321)752-9927

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Thank you