

Division of Corporations

Page 1 of 1

PR400028622

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407) 841-1200
Fax Number : (407) 423-1831

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: shirer_office@yahoo.com

RECEIVED
18 MAR 20 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE
JOSEPH A. SHIRER, M.D., P.A.**

Certificate of Status	0
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Joseph A. Shirer, M.D., P.A.
Name of Corporation

DOCUMENT NUMBER: P94000028672

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:

Joseph A. Shirer, M.D.
Name of Contact Person

Joseph A. Shirer, M.D., P.A.
Firm/Company

10000 W. Colonial Drive, Suite 481
Address

Ocoee, FL 34761
City/State and Zip Code

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

For further information concerning this matter, please call:

Jennifer at (407) 521-3550
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

CR2ED045 (03/12)

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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 617.1503, 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: Joseph A. Shirer, M.D., P.A.
2. The principal office address: 10000 W. Colonial Drive, Suite 481, Ocoee, FL 34761
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/08/94 Document number: P94000028672
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)

Steve Looney800 N. Magnolia Avenue, Suite 1500Orlando, FL 32802

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

Joseph A. Shirer, M.D.10000 W. Colonial Drive, Suite 481

P.O. Box NOT acceptable

Ocoee, FL 34761

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.

Joseph A. Shirer
Signature of an officer or director

Joseph A. Shirer, M.D.

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.

Joseph A. Shirer
Signature of Registered Agent

03/14/18

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
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