

P95 0000 38148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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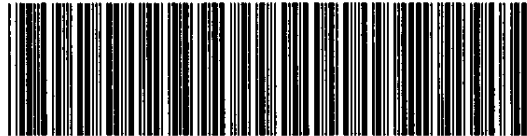
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

AUG 23 2016
G. CARROTHELS

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: Maxine Hamilton, M.D. PA
2. The principal office address: 1330 SE 4th Ave Ste B
Fort Lauderdale FL 33316.

3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5/11/1995 Document number: P950000 38148
5/19/2016

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)
W. Earl Hall, Esq
633 S. Federal Highway
8th Floor Ft Lauderdale, FL 33301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
W. Earl Hall, Esq "Address change only"
8850 W. Oakland Park Ste 101
Sunrise FL 33351
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.

[Signature] Signature of an officer or director Maxine Hamilton, M.D. Printed or typed name and title
President

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

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)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Maxine E. Hamilton, MD PA
Name of Corporation

DOCUMENT NUMBER: P95000038148

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:

W. Earl Hall, Esq
Name of Contact Person

Hall & Rosenberg, P.L.
Firm/Company

8850 W. Oakland Park
Address

Sunrise FL 33351
City/State and Zip Code

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

For further information concerning this matter, please call:

Maxine Hamilton, MD at (954) 253 3728
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