

P96000072111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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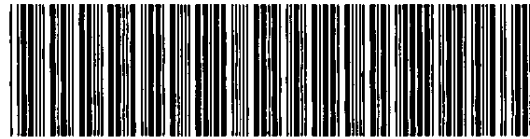
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
PALM BEACH, FLORIDA

AUG 15 2013

T. LEMIEUX

Re

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Laurence Miller, PhD, PA

Name of Corporation

DOCUMENT NUMBER: P96000072111

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:

Laurence Miller, PhD, PA

Name of Contact Person

Laurence Miller, PhD. PA

Firm/Company

1599 NW 9th Ave. Suite 206

Address

Boca Raton, FL 33486

City/State and Zip Code

docmilphd@aol.com

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

For further information concerning this matter, please call:

Laurence Miller PhD PA

Name of Contact Person

at (561) 392-8881

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Laurence Miller, PhD, PA
2. The principal office address: 1599 NW 9th Avenue Suite 206 Boca Raton, FL 33486

3. The mailing address (if different): _____

4. Date of incorporation/qualification: July 9, 1996 Document number: P96000072111

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)

Laurence Miller, PhD, PA

399 W. Camino Gardens Blvd. Suite 101

Boca Raton, Florida 33432

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

Laurence Miller, PhD, PA

1599 NW 9th Avenue Suite 206

P.O. Box NOT acceptable

Boca Raton, Florida 33486

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

Laurence Miller, 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

8/7/13

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