

P97000021348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

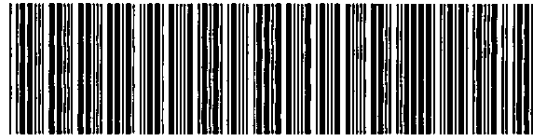
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TALLAHASSEE, FLORIDA

09 OCT - 7 PM 2:24

FILED

No change
Fees
10-8-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pham Hasell, P.A.
Name of Corporation

DOCUMENT NUMBER: P97000021348

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:

Elaine Nichols
Name of Contact Person

dba The Pediatric Specialists Medical Group
Firm/Company

2044 Trinity Oaks Blvd Ste 205
Address

New Port Richey FL 34655
City/State and Zip Code

pspecial@tampabay.rr.com
E-mail address: (to be used for future annual report notification)

2009 SEP 28 AM 8:00
RECEIVED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

Elaine Nichols at 727 375 5437
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2009

ELAINE NICHOLS
THE PEDIATRIC SPECIALIST MEDICAL GROUP
2044 TRINITY OAKS BLVD., SUITE 235
NEW PORT RICHEY, FL 34655

SUBJECT: PHAM HASELL, P.A.
Ref. Number: P97000021348

We have received your document for PHAM HASELL, P.A., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 209A00031726

RECEIVED
2009 OCT -7 AM 8:00
DIVISION OF STATE
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Pham Hasell, P.A.
2. The principal office address: 2044 Trinity Oaks Blvd Ste 235
New Port Richey FL 34655
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/3/1997 Document number: P97600021348

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)

Douglass M. Hasell
2114 Seven Springs Blvd Ste 250
New Port Richey FL 34655

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

2044 Trinity Oaks Blvd Ste 235
New Port Richey FL 34655

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.

Douglass
Signature of an officer or director

Doug Hasell, MD
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.

Douglass
Signature of Registered Agent

9/24/09
Date

If signing on behalf of an entity:

Douglass Hasell
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 (8/05)