

P97000044469

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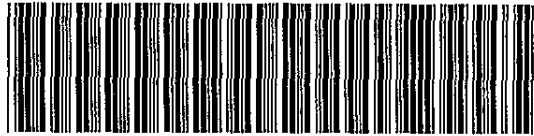
(Business Entity Name)

(Document Number)

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P97000044469
8-18-04 CY

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MARTA KHRIS MD PA
(Name of corporation)

DOCUMENT NUMBER: P 97 0000 44469

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:

MARTA KHRIS MD
(Name of contact person)

MARTA KHRIS MD PA
(Firm/Company)

20401 STATE RD. 7, G-12
(Address)

BOCA RATON, FL. 33498
(City/state and zip code)

For further information concerning this matter, please call:

MARTA KHRIS MD at (561) 479-1777
(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
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 25, 2004

MARTA KHRIS, M.D.
MARTA KHRIS, M.D., P.A.
20401 STATE ROAD 7, SUITE G-12
BOCA RATON, FL 33498

SUBJECT: MARTA KHRIS, M.D., P.A.
Ref. Number: P97000044469

We have received your document for MARTA KHRIS, M.D., P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The subject entity was administratively dissolved or its certificate of authority was revoked for failure to appoint and maintain a registered agent. To reinstate the entity, please complete the enclosed form. The total fee due is \$600.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Teresa Brown
Document Specialist

Letter Number: 204A00051890

**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: MARTA KHRIS MD, P.A.
2. The principal office address: 20401 STATE RD. 7, suite G-12
BOCA RATON, FL. 33498
3. The mailing address (if different): 19496 PRESERVE DR.
BOCA RATON, FL. 33498
4. Date of incorporation/qualification: NOV. 26, 1997 Document number: P97000044469
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

JODI LAURENCE, Esq ; BROAD AND CASSEL
7777 GLADES RD., suite 300
BOCA RATON, FL. 33434

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

MARTA KHRIS MD
19496 PRESERVE DR.
(P.O. Box NOT acceptable)
BOCA RATON, FL. 33498

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Wille MD, president MARTA KHRIS MD
(Signature of an officer or director) (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.

Wille
(Signature of Registered Agent)

08/14/2004
(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