## P99000002959

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## Richard S. Faulk, M.D.

Board Certified Psychiatrist
American Board of Psychiatry and Neurology,
www.FaulkPsychiatry.com
7100 West Camino Real - Suite 202
Boca Raton, FL 33433
Phone: 561-218-1798
Fax: 561-391-5054

April 25, 2020

Division of Corporations Florida Department of State

To The Division of Corporations:

Enclosed is my form and payment to change the address of my registered office. My office moved in the same building from Suite 123 to Suite 202. Please contact me if you need any additional information. Thank you.

Sincerely,

Richard S. Faulk, MD

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Richard S. Faulk M.D., P.A.		
Name of Corporation		
DOCUMENT NUMBER: P99000002959		
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Richard S. Faulk MD		
Name of Contact Person		
Richard S. Faulk M.D., P.A.		
Firm/Company		
7100 W Camino Real, STE 202		
Address		
Boca Raton, FL 33433		
City/State and Zip Code		
rt@faulkpsychiatry.com		
E-mail address: (to be used for future annua	l report notification)	
For further information concerning this matter, p	please call:	
Richard S. Faulk, MD	at (561 )218-1798  Area Code & Daytime Telephone Number	
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	Street Address:	
	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
Tatianassee, FL 52514	Tallahassee, FL 32303	

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation org	502, 607.1508, or 617.1508, Florida Statutes, the anized under the laws of the State of Florida istered agent, or both, in the State of Florida.	is 	
	he corporation: Richard S. Faulk M.D.,			
2. The principal	office address: 7100 W Camino Real, S	TE 202, Boca Raton, FL 33433		- -
3. The mailing a	ddress (if different):			- 
4. Date of incor	poration/qualification: 01/11/1999	Document number: P99000002959		_
5. The name and		agent and registered office on file with the		
	Faulk, Richard S			
	7100 W Camino Real, STE 123			
	Boca Raton, FL 33433		202	),∀3
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):			<b>2020 A</b> PR 30	CONTACTAR
	Faulk, Richard S		) ₽	- <del>1</del> €
	7100 W Camino Real, STE 202		ယ္	
	Boca Raton, FL 33433	Box NO l'acceptable	56	-;·ī
The street address changed will	ess of its registered office and the stre be identical.	et address of the business office of its registere	d agen	1,
Such change wa authorized by the	as authorized by resolution duly adop ne board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.		
( )		Richard S. Faulk, MD/ Officer		
	re of an officer or director the appointment as registered agent	Printed or typed name and title		
I further agrée of my duties, ar document is bei	the appointment as registered agoin to comply with the provisions of all st ind I am familiar with and accept the o ing filed merely to reflect a change in s been notified in writing of this chang	atules relative to the proper and complete perf bligation of my position as registered agent. C the registered office address, I hereby confirm	ormand or, if the that th	ce is ie
$\mathcal{M}$	~	04/25/2020		
- V- Kig	nature of Registered Agent	Date .	<del></del>	
If signing on be	half of an entity:			
Richard S. Faull	s, MD			
T	ped or Printed Name			

\* \* \* FILING FEE: \$35.00 \* \* \*