

S53690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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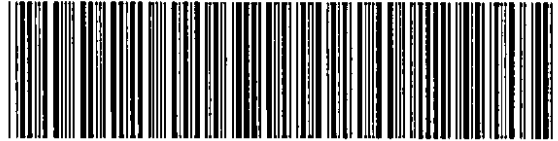
(Business Entity Name)

(Document Number)

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4/27/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pulmonary Specialists of the Palm Beaches
Name of Corporation

DOCUMENT NUMBER: S53690

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:

Neal Warshoff

Name of Contact Person

Pulmonary Specialists of the Palm Beaches

Firm/Company

13005 Southern Boulevard Suite 235

Address

Loxahatchee, FL 33470

City/State and Zip Code

pulmonaryspecialists@gmail.com

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

For further information concerning this matter, please call:

Neal Warshoff, D.O.

Name of Contact Person

at (561) 795-1022

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: PULMONARY SPECIALISTS OF THE PALM BEACHES, P.A.
2. The principal office address: 13005 Southern Boulevard Suite 235, Loxahatchee, FL 33470
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5/17/1991 Document number: S53690
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)

Warshoff, Neal, Dr.
13005 SOUTHERN BLVD
SUITE 235
LOXAHATCHEE, FL 33470

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

Neal Warshoff, D.O.

13005 Southern Boulevard Suite 235, Loxahatchee, FL 33470

P.O. Box NOT acceptable

ACTIVE

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.

Neal Warshoff
Signature of an officer or director

Neal Warshoff, D.O.
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.

Neal Warshoff
Signature of Registered Agent

04/10/2020

Date

If signing on behalf of an entity:

Neal Warshoff, D.O.

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

2020 APR 15 AM 11:36