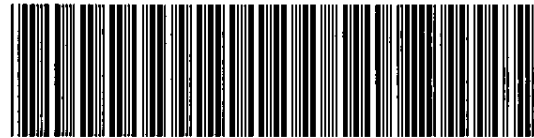


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11/30/11--01003--011 **35.00

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R. D. Chas
12/15/11

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 1, 2011

BRIAN F. GREER
BRIAN F. GREER, M.D., P.A.
8180 TWIN LAKE DRIVE
BOCA RATON, FL 33496

SUBJECT: BRIAN F. GREER, M.D., P.A.
Ref. Number: S64781

We have received your document for BRIAN F. GREER, 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 current name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 111A00026967

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11 DEC 12 AM 9:57

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

1. The name of the corporation: Brian F. Greer M.D. P.A.
2. The principal office address: 7200 W. Camino Real
Boca Raton, FL 33433
3. The mailing address (if different): 8180 Twin Lake Drive
Boca Raton, FL 33496
4. Date of incorporation/qualification: 7/9/91 Document number: S64781
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)

Brian F. Greer

7200 W. Camino Real, Suite 104

Boca Raton, FL 33433

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

Brian F. Greer

8180 Twin Lake Drive

P.O. Box NOT acceptable

Boca Raton, FL 33496

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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.

Brian F. Greer
Signature of an officer or director

Brian F. Greer
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.

Brian F. Greer
Signature of Registered Agent

11/29/2011
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
CR2E045 (8/05)