

588940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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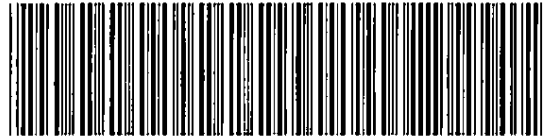
(Business Entity Name)

(Document Number)

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RA Office Change

JAN 10 2024

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Adly Thebaud, M.D., P.A.  
Name of Corporation

DOCUMENT NUMBER: S88940

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:

Adly Thebaud  
Name of Contact Person

Adly Thebaud, M.D., P.A.  
Firm/Company

2725 Rebecca LN #107  
Address

Orange City, FL 32763  
City/State and Zip Code

AdTheb@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Rowell at (386) 775-0736  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**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: Adly Theband, M.D., P.A.  
2. The principal office address: 1403 Medical Plaza Dr. #202  
Sanford, FL 32771

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/22/91 Document number: S 88940

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)

Adly Theband, M.D.,  
1403 Medical Plaza Dr #202  
Sanford, FL 32771

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

Adly Theband, M.D.,  
2725 Rebecca Ln #107  
P.O. Box NOT acceptable  
Orange City, FL 32763

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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.

[Signature]  
Signature of an officer or director

Adly THEBAND  
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.

[Signature]  
Signature of Registered Agent

16 Nov 2023  
Date

If signing on behalf of an entity:

Adly THEBAND  
Typed or Printed Name

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