

V01039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

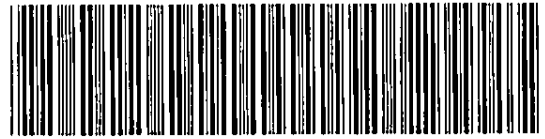
(Business Entity Name)

(Document Number)

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10/20/17--01025--004 **35.00

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TALLAHASSEE, FLORIDA

NA.

NOV 15 2017

CLERK

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Plant City Internal Medicine Specialist, P.A.
Name of Corporation

DOCUMENT NUMBER: V01039

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:

Debbie Karppe

Name of Contact Person

Plant City Internal Medicine Specialist, P.A.

Firm/Company

1907 S Alexander St Ste 1

Address

Plant City , FL 33566

City/State and Zip Code

pcims1@gmail.com

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

For further information concerning this matter, please call:

Debbie Karppe

Name of Contact Person

at (813) 754-3344

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2017

DEBBIE KARPPE
1907 S ALEXANDER ST STE 1
PLANT CITY, FL 33566

SUBJECT: PLANT CITY INTERNAL MEDICINE SPECIALISTS, P.A.
Ref. Number: V01039

We have received your document for PLANT CITY INTERNAL MEDICINE SPECIALISTS, 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 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) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 117A00021533

RECEIVED
17 NOV 13 PM 4:30
DIVISION OF STATE
CORPORATIONS
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: Plant City Internal Medicine Specialists, P.A.
2. The principal office address: 1907 S. Alexander St Ste 1
Plant City, FL 33566
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/18/1991 Document number: V01039
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)

Steve Smith (resigned)

1907 S. Alexander St Ste 1

Plant City, FL 33566

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

Christopher Berchelmann

1907 S. Alexander St Ste 1

P.O. Box NOT acceptable

Plant City, FL 33566

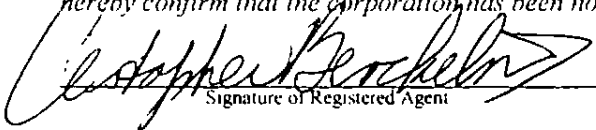
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director

Christopher Berchelmann, President
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 of Registered Agent

10/18/2017

Date

If signing on behalf of an entity:

Christopher Berchelmann

Typed or Printed Name

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