

V58225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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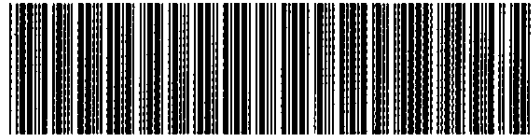
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 12, 2010

BRIEN E. PIERPONT, M.D.
2299 9TH AVENUE N - UNIT 3-C
ST. PETERSBURG, FL 33713

SUBJECT: BRIEN E. PIERPONT, M.D., P.A.
Ref. Number: V58225

We have received your document for BRIEN E. PIERPONT, 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 document must have original signatures.

PHOTO COPIES OF SIGNATURES ARE NOT ACCEPTABLE.

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: 810A00026642

**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: BRIEN E. PIERPONT, M.D., P.A.
2. The principal office address: 2299 9TH AVENUE N, UNIT 3-C
ST. PETERSBURG, FL 33713
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/18/92 Document number: V58225

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)

ALAN S. GASSMAN, ESQUIRE (RESIGNED)

1245 COURT STREET, SUITE 102

CLEARWATER, FL 33756

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

BRIEN PIERPONT
2299 9TH AVE. N. SUITE 3-C
P.O. Box NOT acceptable
ST. PETERSBURG, FL 33713

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.

Brien Pierpont
Signature of an officer or director

BRIEN E. PIERPONT, Director
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.

Brien Pierpont
Signature of Registered Agent

11/07/10
Date

If signing on behalf of an entity:

BRIEN PIERPONT
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)

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