## P06000100232

(Requ	uestor's Name)	
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Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
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SECRETARY OF STATE
SECRETARY OF STATE
ALLAHASSEE, FLORID

PA-Change 9/6/07

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJI	ECT: Ody Con-Alez-Fabian D.M.D., P.A. (Name of Corporation)
DOCU	MENT NUMBER: <u>PØ6ØØ1Ø</u> 0 \ 232
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
	return all correspondence concerning this matter to the following:
	Name of Contact Person)
	Ody Gonzalez-Fabian D. M.D. P.A.
	7250 SW 39 Street
	Miami, Florida 33155 (City/State and Zip Code)
For fu	ther information concerning this matter, please call:
<u> </u>	Name of Contact Person) at (305) 542 - 7645 (Area Code & Daytime Telephone Number)
Enclos	ed 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

## 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
1. The name of the corporation: Ody Conztlez-Fabian B.M.D., P.A.
2. The principal office address: 7250 SW 39 Street  Miami Florida 33155
3. The mailing address (if different): (same)
4. Date of incorporation/qualification: 5uk, 31, 2006 Document number: 706000 100232
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Corporate Creations Detwork Inc.
11380 Prosperity Forms Road # 221E
Palm Broch bordens, Horida 33410 Ess
6. The name and street address of the new registered agent (if changed) and /or registered office S (if changed):
7250 Southwest 39 Street  (P.O. Box NOT acceptable)  Miami, Florida 33185
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 opan officer or director)  Dr. Ody Gouvier-Facian 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.
(Signature of Registered Agent)  August 25, 2007 (Date)
If signing on behalf of an entity:
(Tyrad av Printed Name)

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