

P98000029970

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9-18-08*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Salazar, Santiago, Villegas, Sabates + Cabral, PA
(Name of Corporation)

DOCUMENT NUMBER: P980000 29970

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:

Tere Salazar Krauss
(Name of Contact Person)

Salazar, Santiago, Villegas, Sabates + Cabral,
(Firm/Company) PA

6705 Red Road Suite 504
(Address)

Coral Gables, FL. 33143
(City/State and Zip Code)

For further information concerning this matter, please call:

Tere Salazar-Krauss at (305) 669-7332
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 27, 2008

JUAN SALAZAR
SALAZAR, SANTIAGO, VILLEGAS, SABATES
6705 RED ROAD, SUITE 504
CORAL GABLES, FL 33143

SUBJECT: SALAZAR, SANTIAGO, VILLEGAS, SABATES & CABRAL, P.A.
Ref. Number: P98000029970

We have received your document for SALAZAR, SANTIAGO, VILLEGAS, SABATES & CABRAL, P.A. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 408A00047729

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SECRETARY OF STATE
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Salazar, Santiago, Villegas, Sabates + Cabral, PA
2. The principal office address: 6705 Red Road Suite 504 Coral Gables, FL 33143
3. The mailing address (if different): P.O. Box 430980 MIAMI, FL 33243
4. Date of incorporation/qualification: 04-01-98 Document number: P 980000 29970
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

JUAN SALAZAR, M.D.
5000 University Dr.
Coral Gables, FL 33146

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TALLAHASSEE, FLORIDA

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

JUAN SALAZAR, M.D.
6705 Red Road Suite 504
Coral Gables, FL 33143
(P.O. Box NOT acceptable)

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)

JUAN SALAZAR, MD
(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)

9-11-08
(Date)

If signing on behalf of an entity:
JUAN SALAZAR, M.D.
(Typed or Printed Name)

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