

745269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

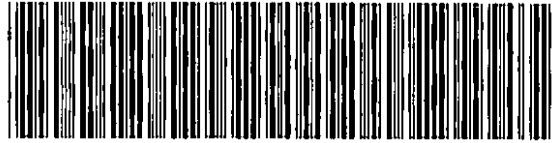
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Special Instructions to Filing Officer:

Spoke w/ paralegal to Mr. Abanso  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 31, 2020

ADARA M. RODRIGUEZ  
ALONSO & PEREZ, LLP  
6303 BLUE LAGOON DRIVE, SUITE 400  
MIAMI, FL 33126

SUBJECT: CORAL REEF MEDICAL PARK, INC.  
Ref. Number: 745269

We have received your document and check(s) totaling \$210.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA LIMITED PARTNERSHIP, but your entity is a FLORIDA NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 920A00016682



July 3, 2020

**Via Mail To:**

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Re: Change of Address of Registered Agent

Dear Sir/Madam:

Our law firm is the designated Registered Agent for the following:

- Caribbean Gardens Condominium Assoc., Inc. Document No: 739797
- Coral Reef Medical Park, Inc. Document No: 745269
- Hemisphere Centre Condominium Assoc., Inc. Document No: N94000001678
- Ramavest Condominium Assoc., Inc. Document No: N05000000900
- The Centre at Beacon North Condo Assoc., Inc. Document No: N94000002932
- Village West Warehouse Condominium Assoc., Inc. Document No: N40103

Enclosed is a Statement of Change of Registered Office form for each of the above referenced entities along with check number 2822 for the amount of \$210.00 (\$35.00 for each statement). Accordingly, please process the Statement of Change of Registered Office forms.

Should you require additional information, please do not hesitate to contact me at 305-443-6321 or via email at [arodriguez@alonsoperezlaw.com](mailto:arodriguez@alonsoperezlaw.com).

—  
Regards.

/s/ Adara M. Rodriguez

**Adara M. Rodriguez**  
Paralegal to Rafael F. Alonso, Esq.  
Alonso & Perez, LLP

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Coral Reef Medical Park, Inc.  
Name of Corporation

DOCUMENT NUMBER: 745 269

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:

Rafael E. Alonso  
Name of Contact Person

Alonso & Perez, LLP  
Firm/Company

6803 Blue Lagoon Drive - Suite 400  
Address

Miami, FL 33126  
City/State and Zip Code

info@alonso.perez.law.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rafael E. Alonso at ( 305 ) 443-6321  
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

11-12-1966