FEI Number: 27-5130670		Certificate of Status Desired: No		
Name and Address of Current Registered Agent:				
PUBBI, DINESH DR. 2617 OAKGROVE AVE ST AUGUSTINE, FL 32092 US				
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.				
SIGNATURE	: DINESH PUBBI		C	3/02/2017
SIGNATURE	: DINESH PUBBI Electronic Signature of Registered Agent		C	3/02/2017 Date
SIGNATURE Officer/Direc	Electronic Signature of Registered Agent		C	
	Electronic Signature of Registered Agent	Title	DIR	
Officer/Direc	Electronic Signature of Registered Agent	Title Name		

City-State-Zip:

ST. AUGUSTINE FL 32092

**Current Principal Place of Business:** 2617 OAKGROVE AVE ST AUGUSTINE, FL 32092

DOCUMENT# P11000018858

#### **Current Mailing Address:**

2617 OAKGROVE AVE ST AUGUSTINE. FL 32092

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Entity Name: PUBBI MEDICAL SERVICES, P.A.

City-State-Zip: ST. AUGUSTINE FL 32092

## I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

#### SIGNATURE: DINESH PUBBI

DIRECTOR

03/02/2017 Date

Electronic Signature of Signing Officer/Director Detail

# FILED Mar 02, 2017 **Secretary of State** CC3821334120