

537430

(Requestor's Name)

(Address)

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SHUMAKER

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October 29, 2009

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Foot & Ankle Centers of Charlotte County, P.A.
File No. F00006-123404

To Whom It May Concern:

Enclosed herewith please find an original Statement of Change of Registered Office for the referenced Corporation, together with a check in the amount of \$35.00 to cover the filing fee.

Please return the date stamped copy of the filing to the undersigned in the enclosed envelope.

Very truly yours,



Jack M. Maag, Paralegal

JMM

**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: Foot & Ankle Centers of Charlotte County, P.A.
2. The principal office address: 352 Milus St., Punta Gorda, FL 33950
3. The mailing address (if different): P.O. Box 511269, Punta Gorda, FL 33951-1269
4. Date of incorporation/qualification: 06/16/1977 Document number: 537430
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)

Vakil, Samir S.
401 E. Olympia Avenue, Suite B
Punta Gorda, FL 33950

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

Vakil, Samir S.
352 Milus St.
P.O. Box NOT acceptable
Punta Gorda, FL 33950

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 of an officer or director

Samir S. Vakil, President
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

10/21/09
Date

If signing on behalf of an entity:

SAMIR VAKIL, DPM
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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