

603031

**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
KIDNEY & HYPERTENSION SPECIALISTS OF MIAMI, P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	03
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15 MAR -4 AM 11:58

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DIVISION OF CORPORATIONS
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MAR 05 2015

T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KIDNEY & HYPERTENSION SPECIALISTS OF MIAMI, P.A.
Name of Corporation

DOCUMENT NUMBER: P99000104710

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:

MARK STERN
Name of Contact Person

KIDNEY & HYPERTENSION SPECIALISTS OF MIAMI, P.A.
Firm/Company

1190 NW 95 ST. #207
Address

MIAMI FL 33150
City/State and Zip Code

MARKSTERN@KIDDOCS.COMCAST.BIZ.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK STERN at (305) 835-7045
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

CR2E045 (03/12)

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: KIDNEY & HYPERTENSION SPECIALISTS OF MIAMI, P.A.
2. The principal office address: 1190 N.W. 95TH STREET 207 MIAMI, FL 33150
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/23/1971 Document number: 603031
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)

PLOUCHA, L M

FWLER WHITE BOGGS P.A.

1200 EAST LAS OLAS BOULEVARD, SUITE 500 FORT LAUDERDALE, FL 33301

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

CT Corporation System

c/o CT Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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

ALEXANDER VELAZQUEZ SECRETARY
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.

By: *[Signature]*
Signature of Registered Agent

3/4/15
Date

If signing on behalf of an entity:

MARGARET E. ROUTZAHN
Special Assistant Secretary

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

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