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APR 28 2014
14 APR 28 PM 12:29

R.A./R.D./ch8
@ 5.1.14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CARDIOVASCULAR ASSOCIATES OF JACKSONVILLE, P.A.
Name of Corporation

DOCUMENT NUMBER: 616602

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:

Stephen H. Durant

Name of Contact Person

Durant, Schoepel, Decunto & Ratchford, P.A.

Firm/Company

6550 St. Augustine Road, Suite 105

Address

Jacksonville, FL 32217

City/State and Zip Code

mlewis@ds-law.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen H. Durant

Name of Contact Person

at **(904) 652-2600**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

RECEIVED
14 APR 28 AM 8:20

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

April 15, 2014

STEPHEN H. DURANT, ESQ.
DURANT, SCHOEPPPEL, DECUNTO & RATCHFORD
6550 ST. AUGUSTINE RD - STE. 105
JACKSONVILLE, FL 32217

SUBJECT: CARDIOVASCULAR ASSOCIATES OF JACKSONVILLE, P.A.
Ref. Number: 616602

We have received your document for CARDIOVASCULAR ASSOCIATES OF JACKSONVILLE, 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 application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file your document is \$35.

There is a balance due of \$10.00.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 614A00008034

**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: CARDIOVASCULAR ASSOCIATES OF JACKSONVILLE, P.A.

2. The principal office address: 3599 UNIVERSITY BLVD S, SUITE 913
Jacksonville, FL 32216-4269

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/01/1979 Document number: 616602

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)

KANTER, LAWRENCE J

3599 UNIVERSITY BLVD S, SUITE 913

JACKSONVILLE, FL 32216

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

Durant, Schoepfel, Decunto & Ratchford, P.A.

6550 St. Augustine Road, Suite 105

P.O. Box NOT acceptable

Jacksonville, FL 32217

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.

Lawrence J. Kanter
Signature of an officer or director

Lawrence J. Kanter

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.

Stephen H. Durant
Signature of Registered Agent

April 24, 2014

Date

If signing on behalf of an entity:

Stephen H. Durant

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 (03/12)

FILED
STATE OF FLORIDA
DIVISION OF CORPORATIONS
14 APR 28 PM 12:28