

AD5000000370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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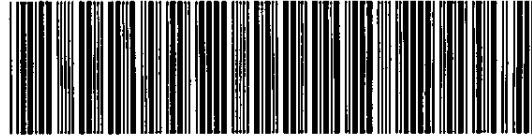
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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N. CAUSSEAU

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Comprehensive Breast Center Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A05000000370

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Alvaro Garcia Villegas

Contact Person

Comprehensive Breast Center Limited Partnership

Firm/Company

9090 SW 87 Court #102

Address

Miami, FL 33176

City, State and Zip Code

ALVARO.GV@MPGMiami.COM

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

For further information concerning this matter, please call:

Alvaro Garcia Villegas

Name of Contact Person

at (305) 279-7275

Area Code and Daytime Telephone Number

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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2015

ALVARO GARCIA VILLEGAS
COMPREHENSIVE BREAST CENTER
P.O. BOX 160608
MIAMI, FL 33116

SUBJECT: COMPREHENSIVE BREAST CENTER LIMITED PARTNERSHIP
Ref. Number: A05000000370

We have received your document for COMPREHENSIVE BREAST CENTER LIMITED PARTNERSHIP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 315A00021234

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Comprehensive Breast Center Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership
2. 2/17/2005 3. A 05000000370
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

GRACIELA C POZO
Name
9090 SW 87 Court #102
Address
Miami, FL 33176
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Alvaro Garcia V. Legas
Name
9090 SW 87 Court #102
Florida street address (P.O. Box not acceptable)
Miami FL 33176
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]
Signature of General Partner

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 obligations of my position as registered agent.

[Signature]
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA