

F04190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600299460216

05/24/17--01006--004 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2017 MAY 24 AM 9:58

MAY 31 2017

C McNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CENTRAL FLORIDA KIDNEY CARE, P.A.
Name of Corporation

DOCUMENT NUMBER: F04190

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:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2017 MAY 24 AM 9:58

DANIEL MEDINA
Name of Contact Person

MEDINA LAW GROUP, P.A.
Firm/Company

402 S. KENTUCKY AVE. STE., 660
Address

LAKELAND, FL 33801
City/State and Zip Code

DAN@MEDINAPA.COM
E-mail address: (to be used for future annual report notification)

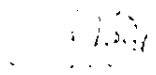
For further information concerning this matter, please call:

DANIEL MEDINA at (863) 682-9730
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



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: CENTRAL FLORIDA KIDNEY CARE, P.A.
2. The principal office address: 1745 AKELAND HILLS BLVD., LAKELAND, FL 33805

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/03/1980 Document number: F04190

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)

RICARDO VILCHES, M.D.
1745 LAKELAND HILLS BLVD.
LAKELAND, FL 33805

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

MEDINA LAW GROUP, P.A.
402 S. KENTUCKY AVE., STE. 660
P.O. Box NOT acceptable
LAKELAND, FL 33801

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2017 MAY 24 AM 9:58

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

Ricardo Vilches
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]
Signature of Registered Agent

5/11/2017
Date

If signing on behalf of an entity:
DANIEL MEDINA, PRESIDENT
Typed or Printed Name

*** FILING FEE: \$35.00 ***