

G65919

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@ 9.12.12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GASPAR R. SALVADOR, M.D., P.A.

Name of Corporation

DOCUMENT NUMBER: G65919

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:

Beth Boehling

Name of Contact Person

SUNHILL MEDICAL CENTER

Firm/Company

4020 SUN CITY CENTER BLVD., SUITE #1

Address

SUN CITY CENTER, FL 33573

City/State and Zip Code

BETHMRB@AOL.COM

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

For further information concerning this matter, please call:

Beth Boehling

Name of Contact Person

at (813) 634-5502

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

RECEIVED

12 SEP 10 AM 9:48

CR 0345 (03/12)
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2012

BETH BOEHLING
SUNHIL MEDICAL CENTER
4020 SUN CITY CENTER BLVD - STE. #1
SUN CITY CENTER, FL 33573

SUBJECT: GASPER R. SALVADOR, M.D., P.A.
Ref. Number: G65919

We have received your document for GASPER R. SALVADOR, M.D., P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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: 212A00020186



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 23, 2012

BETH BOEHLING
SUNHIL MEDICAL CENTER
4020 SUN CITY CENTER BLVD - STE. #1
SUN CITY CENTER, FL 33573

SUBJECT: GASPER R. SALVADOR, M.D., P.A.
Ref. Number: G65919

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If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 012A00019385

**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: GASPAR R. SALVADOR, M.D., P.A.
2. The principal office address: 4020 SUN CITY CENTER BLVD., SUITE #1, SUN CITY CENTER, FL 33573
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/15/1983 Document number: G65919
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)

RESIGNED

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

BETH BOEHLING

4020 SUN CITY CENTER BLVD., SUITE #1

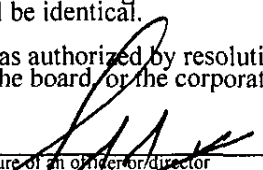
P.O. Box NOT acceptable

SUN CITY CENTER, FL 33573

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TALLAHASSEE
FLORIDA
DIVISION OF CORPORATIONS

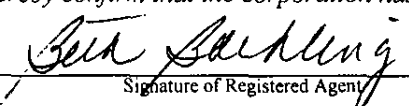
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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/director

GASPAR R. SALVADOR, M.D., 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

SEPTEMBER 7, 2012

Date

If signing on behalf of an entity:

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)