

K 33574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

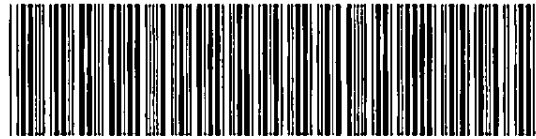
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

FEB 11 2019
S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: South Florida Nephrology Group, P.A.
Name of Corporation

DOCUMENT NUMBER: K33574

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:

Asghar Chaudhry MD

Name of Contact Person

South Florida Nephrology Group, P.A.

Firm/Company

722 Riverside Drive

Address

Coral Springs, Florida 33071

City/State and Zip Code

alex@sfng.org

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

For further information concerning this matter, please call:

Asghar Chaudhry MD

Name of Contact Person

at (954) 562-0330

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: South Florida Nephrology Group
2. The principal office address: 722 Riverside Drive, Coral Springs Fl. 33071
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09-21-1988 Document number: K33574
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
BLOOMFIELD, RACHAEL MDO
722 RIVERSIDE DRIVE
CORAL SPRINGS, FL 33071-7009

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TALLAHASSEE, FLORIDA

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

Asghar Chaudhry MD

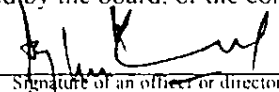
7647 NW 127th Manor

Parkland, Florida 33076

P.O. Box NOT acceptable

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.

X 
Signature of an officer or director

ASGHAR CHAUDHRY
Printed or typed name and title
President

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.

X 
Signature of Registered Agent

01-31-2019

Date

If signing on behalf of an entity:

X _____
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)