

L66814

(Requestor's Name)

(Address)

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(Business Entity Name)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Hugo Rams Jr MD PA  
Name of Corporation

DOCUMENT NUMBER: L 66814

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:

Hugo Rams Jr  
Name of Contact Person  
Hugo Rams Jr MD PA  
Firm/Company  
7800 SW 57 Ave Suite 203  
Address  
South Miami, Fla 33143  
City/State and Zip Code  
HRAMS @ HUGORAMSIRMD.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hugo Rams Jr at ( 305 ) 666-5534  
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: Hugo Rams Jr, M.D., P.A.  
2. The principal office address: 7800 SW 57 Ave Suite 203  
South Miami, Fla 33143  
3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 4-20-1990 Document number: L 66814

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)

Hugo Rams Jr MD  
4685 Ponce De Leon Blvd Suite 100  
Coral Gables, Fla 33146

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

Hugo Rams Jr MD PA  
7800 SW 57 Ave Suite 203  
P.O. Box NOT acceptable  
South Miami, Fla 33143

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 or director

Hugo Rams Jr, 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

8-17-2018  
Date

If signing on behalf of an entity:

Hugo Rams Jr  
Typed or Printed Name

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