

L86593

(Requestor's Name)

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(Business Entity Name)

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 520143 7516704

AUTHORIZATION

Lyndee

COST LIMIT : \$35.00

ORDER DATE : February 4, 2013

ORDER TIME : 10:21 AM

ORDER NO. : 520143-005

CUSTOMER NO: 7516704

CHANGE OF AGENT

NAME: AMERICAN FAMILY & GERIATRIC
CARE, P.A.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 52920

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Family & Geriatric Care, P.A.
Name of Corporation

DOCUMENT NUMBER: 186593

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:

Name of Contact Person
Corporation Service Company
Firm/Company
1201 Hays Street
Address
Tallahassee, FL 32301
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Akshay M. Desai at (727) 456-6521
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: American Family & Geriatric Care, P.A.
2. The principal office address: 6006 49th Street North, Suite 120
Saint Petersburg, FL 33709
3. The mailing address (if different): _____

4. Date of incorporation/qualification: July 11, 1990 Document number: L86593

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)

Sandip I. Patel, Esq.

100 Central Avenue, Suite 200

Saint Petersburg, FL 33701

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee, FL 32301

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.

Akshay Desai
Signature of an officer or director

Akshay Desai, PD

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.

Corporation Service Company

By: Stephanie Milnes, Esq. V.P.

2/8/2013

Date

If signing on behalf of an entity:

Stephanie Milnes

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)