

L 86593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

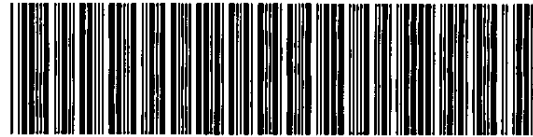
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

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

DOCUMENT NUMBER: L86593

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:

SEEMA Desai,
Name of Contact Person

American Family & Geriatric care P.A.
Firm/Company

6006 49th Street N., Suite 120
Address

St. Petersburg FL 33709
City/State and Zip Code

amfam22nd@aol.com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Seema Desai at (727) 827-8788
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2014

SEEMA DESAI
AMERICAN FAMILY & GERIATRIC CARE, PA
6006 49TH STREET NORTH - STE. 120
ST. PETERSBURG, FL 33709

SUBJECT: AMERICAN FAMILY & GERIATRIC CARE, P.A.
Ref. Number: L86593

We have received your document for AMERICAN FAMILY & GERIATRIC CARE, 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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: 414A00012543

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2014

**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
2. The principal office address: 6006 49th Street N, Suite 120
St Petersburg FL 33709
3. The mailing address (if different): AS ABOVE
4. Date of incorporation/qualification: 7/11/1990 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)

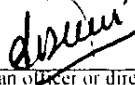
Corperation Service Company
1201 Hays Street
Tallahassee FL 32301

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

Seema Desai
1841 Brigantwatus Blvd NE
P.O. Box NOT acceptable
St. Petersburg FL 33704

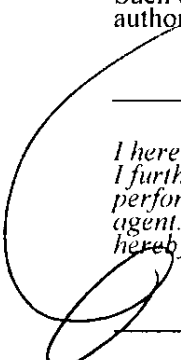
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Seema Desai office Administrator
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

Date

If signing on behalf of an entity:

Typed or Printed Name

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