

PD2000081013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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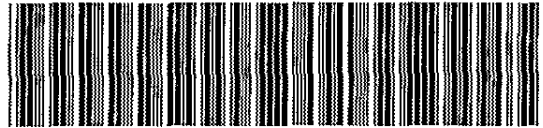
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SJ
RAIRO
Change
11/14/02



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

October 23, 2002

Gonzalo Gonzalez
Gonzalo Gonzalez, M.D., P.A.
2671 John Anderson Drive
Ormond Beach, FL 32176

SUBJECT: GONZALO GONZALEZ, M.D., P.A.
Ref. Number: P02000081013

We have received your document for GONZALO GONZALEZ, M.D., P.A. .
However, the enclosed document has not been filed and is being returned to you
for the following reason(s):

The fee to file your document is \$35.

Please return a copy of this letter along with your document to ensure proper
handling.

If you have any questions concerning this matter, please either respond in writing
or call (850) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 302A00058649

Pl. 11-5-02
CE #3614

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: GONZALO GONZALEZ M.D., P.A.
2. The principal office address: 2671 JOHN ANDERSON DRIVE
ORMOND BEACH, FL 32176
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 7/25/02 Document number: P02 0000 81013
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

SMITH HULSEY & BUSEY
225 WATER STREET, STE 1800
JACKSONVILLE, FL 32202

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

JOAN GONZALEZ
2671 JOHN ANDERSON DRIVE
(P.O. Box or personal mailbox NOT acceptable)
ORMOND BEACH, FL 32176

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 this change.

Gonzalez, MD PRESIDENT
(Signature of an officer, chairman or vice chairman of the board) (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] Oct. 21, 2002
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

[Signature] [Blank]
(Typed or Printed Name) (Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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TALLAHASSEE, FLORIDA