

PO2000082386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

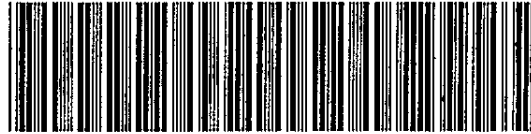
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600039769036

08/04/04--01021--001 **35.00

FILED
04 AUG -4 PM 3:22
TALLAHASSEE, FLORIDA
STATE

ls sf/6/04
120

DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P. A.
ATTORNEYS AND COUNSELORS AT LAW

P. O. BOX 2346
ORLANDO, FLORIDA 32802-2346

800 NORTH MAGNOLIA AVENUE
SUITE 1500
ORLANDO, FLORIDA 32803

(407) 841-1200
FAX (407) 423-1831

Writer's E-Mail
Nolan@deanmead.com

www.deanmead.com

Writer's Direct Dial
(407) 428-5109
Writer's Direct Fax
(407) 423-7107

July 31, 2004

Florida Department of State
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

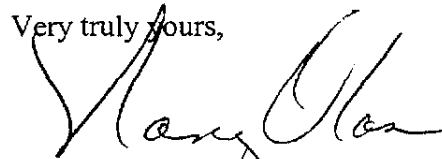
Re: German Montoya, M.D., P.A.
Document No.: P02000082386

Dear Sir or Madam:

Enclosed please find the original and one copy of a **Statement of Change of Registered Office or Registered Agent or Both for Corporations**, which we would appreciate your filing on behalf of the above corporation, together with our firm check in the amount of \$35.00 to cover the filing fee. Please return the copy to me, with your filing stamp, at the above address.

Thank you for your assistance.

Very truly yours,



Nancy Olan, Paralegal to
Robert W. Mead, Jr.

/no
Enclosures

cc: Julie Noble, C.P.A.
w/ enclosure

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: German Montoya, M.D., P.A.

(Name of corporation)

DOCUMENT NUMBER: P02000082386

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:

Nancy Olan

(Name of person)

Dean, Mead, Egerton, Bloodworth, Capouano & Bozarth, P.A.

(Name of firm/company)

800 N. Magnolia Avenue, Suite 1500

(Address)

Orlando, Florida 32803

(City/state and zip code)

For further information concerning this matter, please call:

Nancy Olan _____ at (407) 428-5109
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

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: German Montoya, M.D., P.A.

2. The principal office address: 532 Virginia Drive, Orlando, FL 32803

3. The mailing address (if different): _____

4. Date of incorporation/qualification: August 1, 2002 Document number: P02000082386

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

German Montoya, M.D.

2501 N. Orange Avenue, Suite 540N

Orlando, FL 32804

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

German Montoya, M.D.

532 Virginia Avenue

(P O Box or personal mailbox NOT acceptable)

Orlando, FL 32803

FILED
04 AUG -4 PM 3:22
TALLAHASSEE, FLORIDA

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.

G. MONTAYA
(Signature of an officer or director)

German Montoya, M.D., 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.

G. MONTAYA
(Signature of Registered Agent)

7.27.04
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

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