P04000061095

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De William

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Amendment Section Division of Corporations

SUBJECT: RIGAUD & ASSOCIATES, P.A. (Name of Co	rporation)			
DOCUMENT NUMBER: P04000061095				
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:				
CHARLES GAMBLE, PARALEGA				
(Name of Contact Person)				
K&L GATES				
(Firm/Company)				
200 SOUTH BISCAYNE BLVD., SUITE 3900 (Address)				
MIAMI, FLORIDA 33131				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
CHARLES GAMBLE	at (305) 539-3307 (Area Code & Daytime Telephone Number)			
(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	Street Address: Amendment Section			
Amendment Section Division of Corporations	Amenament Section Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	ange is submitted for a corporation organized under the er to change its registered office or registered agent, or		
1. The name of	the corporation: RIGAUD & ASSOCIATES, P.A.		
	office address: 9980 CENTRAL PARK BLVD. NORTH	H, SUITE 312, BOCA RA	ATON, FLORIDA 3342
3. The mailing a	address (if different): 200 SOUTH BISCAYNE BLVD	, SUITE 3900, MIAMI,	FLORIDA 33131
4. Date of incor	poration/qualification: 04/08/2004 Docum	ent number: P0400006	31095
	d street address of the current registered agent and regirement of State:	stered office on file with	
	WILLIAM J. SPRATT, JR.		
	200 SOUTH BISCAYNE BLVD., 20TH FL	.OOR	ARY ARY
	MIAMI, FLORIDA 33131		## # 17
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offic	70.P. \
	WILLIAM J. SPRATT, JR.		
	200 SOUTH BISCAYNE BLVD., SUITE 3	900	
	(P.O. Box NOT acceptable) MIAMI, FLORIDA 33131		
The street addr	ess of its registered office and the street address of the identical.	ne business office of its	registered agent,
	as authorized by resolution duly adopted by its board by board, or the corporation has been notified in wri		
(Signal	Gilbert R	igaud, M.D., Presiden (Printed or typed name and til	it (le)
I hereby accept I further agree of my duties, at document is be corporation ha	t the appointment as registered agent and agree to a to comply with the provisions of all statutes relative nd I am familiar with and accept the obligation of m ing filed merely to reflect a change in the registered is been notified in writing of this change.	ct in this capacity. to the proper and com y position as registered office address, I hereby	plete performance agent. Or, if this v confirm that the
$\mathcal{L}(\mathcal{U})$	XMM	5/28/08	3
	ghature of Registered Agent) en alf of an entity:	/ (1)ate)/	
	Typed or Printed Name)		

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

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