

PO40000066709

(Requestor's Name)

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(City/State/Zip/Phone #)

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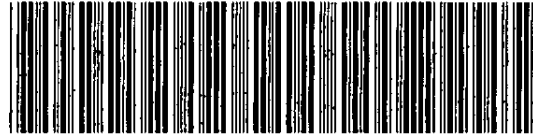
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2008

MARIETTA CASTELLANOS
ANA M. MARIETTA MD, PA
1450 MADRUGA AVE - SUITE 201
CORAL GABLES, FL 33146

SUBJECT: ANA M. CASTELLANOS, M.D., P.A.
Ref. Number: P04000066709

We have received your document for ANA M. CASTELLANOS, M.D., 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please complete the form in its entirety. List the new registered agent address.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 208A00040268

SORRY

RECEIVED
2008 JUL 16 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ANA M. CASTELLANOS, M.D., P.A.
(Name of Corporation)

DOCUMENT NUMBER: P040000 66 709

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:

MARIETTA CASTELLANOS
(Name of Contact Person)

ANA M. MARIETTA MD, PA
(Firm/Company)

1450 MADRUCA AVE SUITE #201
(Address)

CORAL GABLES, FL 33146
(City/State and Zip Code)

For further information concerning this matter, please call:

MARIETTA CASTELLANOS at (305) 663-0213
(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: ANA M. CASTELLANOS M.D., P.A.
2. The principal office address: 1450 MADRUGA AVE. STE #201
CORAL GABLES, FL 33146
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: P04000066709

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

WANDA I. RUFIN P.A.
The Ruffin Building
1529 SW 1 STREET
MIAMI, FL 33135

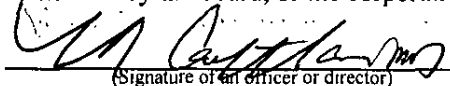
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

PETER KIRCHER P.A.
150 WEST FLAGLER ST STE 2050
(P.O. Box NOT acceptable)
MIAMI, FLORIDA 33130

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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)

MARIETTA CASTELLANOS MD
(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)

6/30/08
(Date)

If signing on behalf of an entity:

PETER H. KIRCHER, P.A.
(Typed or Printed Name)

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