

P04000077091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

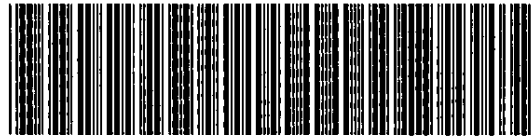
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700181465667

06/01/10--01010--015 **35.00

FILED
2010 JUN - 1 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.

1

TB

JUN - 2 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pinecrest Plastic Surgery, Inc.
Name of Corporation

DOCUMENT NUMBER: P04000077091

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:

Samuel D Noriega
Name of Contact Person

Pinecrest Plastic Surgery
Firm/Company

6705 SW 57th Avenue, suite 412
Address

Miami, FL 33143
City/State and Zip Code

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

For further information concerning this matter, please call:

Samuel D Noriega at (305) 271-7446
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: Pinecrest Plastic Surgery, Incorporated
2. The principal office address: 6705 SW 57th Avenue, Suite 412, Miami, FL 33143

3. The mailing address (if different): 6705 SW 57th Avenue, Suite 412, Miami, FL 33143

4. Date of incorporation/qualification: 5/12/2004 Document number: P04000077091

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)

Samuel D Noriega
9420 SW 77th Avenue, Suite 200
Miami, FL 33156

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

Samuel D Noriega
6705 SW 57th Avenue, Suite 412
Miami, FL 33143

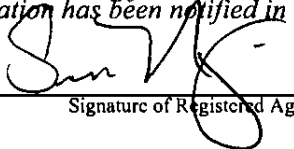
P.O. Box NOT acceptable

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.

 CLAUDE NORIEGA - president
Signature of an officer or director 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.

 5/26/2010
Signature of Registered Agent Date

If signing on behalf of an entity:

Samuel D Noriega
Typed or Printed Name

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

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

CR2E045 (8/05)

FILED
2010 JUN - 1 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA