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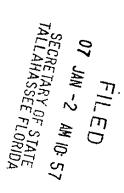
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of	of the corporation; Luis Nunez, M.D., P.A.		
2. The princip	al office address: 6107-A Memorial Highway, Tampa, Florida 33615		
	* <u>.</u>		
3. The mailing	g address (if different):		
4. Date of inc	orporation/qualification: 02/02/2005 Document number: P050000186	85	
	and street address of the current registered agent and registered office on file with the partment of State:	e	
	Pamela A.M. Campbell		
	111 2nd Avenue Northeast, Suite 1404		
	St. Petersburg, FL 33701		
6. The name a (if changed	and street address of the new registered agent (if changed) and /or registered office):	SECRE TALL AH	O7 JAN
• • • • •	Luis Nunez, M.D.	TARY ASSI	1 -2
raji ji r	6107-A Memorial Highway (P.O. Box NOT acceptable)	13.33 19.33	À
		L SE	Ö. ₩
	Tampa, Florida 33615	DE LE	57
The street add	dress of its registered office and the street address of the business office of its registered.	gistered a	agent,
	was authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.		
authorized by	the board, or the corporation has been notified in writing of the change.		
1	Luis Nunez, M.D. (Printed or typed name and title)		
	, ,		
I fu l thér agre of my duties.	pt the appointment as registered agent and agree to act in this capacity. he to comply with the provisions of all statutes relative to the proper and complet and I am familiar with and accept the obligation of my position as registered ag wing filed merely to reflect a change in the registered office address, I hereby co has been notified in writing of this change.	te perfori ent. Or.	mance if thi
document is b corporation	ving filed merely to reflect a change in the registered office address, I hereby co has been notified in writing of this change.	onfirm th	at the
	o 187 m		
	(Signature of Registered Agent) (Date)	 	
If gioning on	behalf of an entity:		
ir gigning on	ochan of an entity.		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)