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01/20/06--01053--003 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Gutierrez-Ruiz, MD, PA. (Name of Corporation)				
DOCUMENT NUMBER: PO50000 49872				
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:				
Karelia Ruiz MD (Name of Contact Person)				
(Name of Contact Person)				
Gutierrez-Ruiz, mD, PA.				
(Firm/Company)				
1949 W 68St. (Address)				
, ,				
Hialeah Fl 33014.				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Karelia Rviz, MD (Name of Contact Person) at (305), 828-9100, (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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle				

Tallahassee, FL 32301

CR2E045 (8/05)

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 + love in order to change its registered office or registered agent, or both, in the State of Florida.					
1. The name of the corporation: Gutierrez-Ruiz, MD, PA.					
2. The principal office address: 11648 Quail Roost Da					
Miami fl 33157					
3. The mailing address (if different): On Ma					
4. Date of incorporation/qualification: 4 4 2005 Document number: PO500004987					
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:					
Harelia Ruiz, MD					
11648 Quail Roost DR					
10, 8					
Miami +1 33157					
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Karelia Ruz, MD					
1949 W 68 St					
Higheal (P.O. Box NOT acceptable) Higheal Fl 33014					
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 orbital or director) Horelia Ruiz mp Aesident (Printed of 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.					
01/17/06.					
(Signature of Registered Agent) (Date)					
If signing on behalf of an entity:					
Harelia Ruiz					

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