

POS000061840

(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



800082787338

12/27/06--01038--004 \*\*35.00

FILED  
06 DEC 27 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*[Handwritten signature]*

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Citrus Park Medical Care, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: P050000 61840

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:

Steven Romanello  
(Name of Contact Person)

Romanello Professional Association  
(Firm/Company)

1560 Sawgrass Corporate Parkway, Fourth Floor  
(Address)

Sunrise, FL 33323  
(City/State and Zip Code)

For further information concerning this matter, please call:

Steven J. Romanello at ( 954 ) 331-8020  
(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: Citrus Park Medical Care, Inc.

2. The principal office address: 6328 Gunn Highway  
Tampa, Florida 33625

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 4/27/05 Document number: P05000061840

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

Dipak Shah, M.D.  
14701 N. Florida Ave  
Tampa, Florida 33613

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

Shital Mehta, D.O.  
6328 Gunn Hwy.  
(P.O. Box NOT acceptable)  
Tampa, Florida 33625

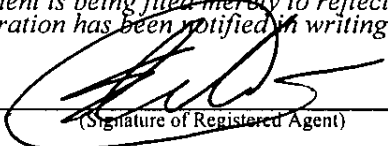
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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)

Dipak Shah, M.D. / President  
(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)

12/15/06  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(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

FILED  
06 DEC 27 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA