

P05000100496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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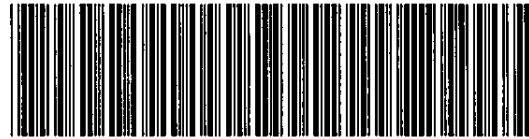
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FRANCISCO FIORES, M.D. P.A.
Name of Corporation

DOCUMENT NUMBER: P05000100496-1/1

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:

Maria Gutierrez

Name of Contact Person

FRANCISCO FIORES, M.D. P.A.

Firm/Company

14601 SW 29 ST Suite 206

Address

Miramar, FL 33027

City/State and Zip Code

frank6fiores@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Gutierrez

Name of Contact Person

at (305) 469 3534

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

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