

PO0000046547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

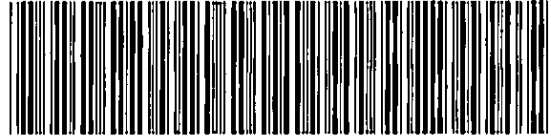
(Business Entity Name)

(Document Number)

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18 JUN 22 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA 18 JUN 22 PM 4:10

JUN 25 2018
S. YOUNG

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MARIO A. MENDIZABAL, M.D., P.A.

Signature

Requested by: BA

6/22/18

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File

LTD Partnership File

Foreign Corp. File

L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

☒ Art. of Amend. File

RA Resignation

Dissolution / Withdrawal

Annual Report / Reinstatement

Cert. Copy

☒ Photo Copy

Certificate of Good Standing

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

Courier

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mario A. Mendizabal, M.D., P.A.
Name of Corporation

DOCUMENT NUMBER: P06000046547

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:

Jennifer Murphy

Name of Contact Person

Phelps Dunbar, LLP

Firm/Company

100 South Ashley Drive, Suite 1900

Address

Tampa, FL 33602

City/State and Zip Code

jennifer.murphy@phelps.com

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

For further information concerning this matter, please call:

Jennifer Murphy

Name of Contact Person

at **(813) 472-7554**

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: Mario A. Mendizabal, M.D., P.A.
2. The principal office address: 1244 N.W. 5th Terrace
Crystal River, FL 34428
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/28/2006 Document number: P06000046547
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)

resigned

Mario Mendizabal M.D.
2320 N Sunshine Path, Crystal River, FL 34428

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

Jennifer Murphy
100 South Ashley Drive, Suite 1900
P.O. Box NOT acceptable
Tampa, FL 33602

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.

Mario Mendizabal
Signature of an officer or director

MARIO A. Mendizabal
Printed or typed name and title
President

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]
Signature of Registered Agent

6-22-18
Date

If signing on behalf of an entity:

Typed or Printed Name

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

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TALLAHASSEE, FLORIDA