## PONDO 3/563

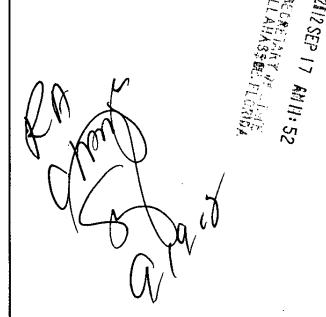
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## **COVER LETTER**

Amendment Section Division of Corporations TO:

OTHEGUY UROLOGY PROFESSIONALS, P.A. Name of Corporation P07000031563

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:

> Juan N. Otheguy, M.D. Name of Contact Person Otheguy Urology Professionals, P.A.

Firm/Company

2035 Little Road

Address

Trinity FL 34655

City/State and Zip Code

vivianotheguy@yahoo.com

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

For further information concerning this matter, please call:

James M. Shuta, Esq. Name of Contact Person

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

| statement of ch   | e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this cange is submitted for a corporation organized under the laws of the State of Florida ler to change its registered office or registered agent, or both, in the State of Florida.  |
|---|--|
| · 1. The name of  | the corporation: Otheguy Urology Professionals, P.A.   |
| 2. The principal  | l office address: 2035 Little Road, Trinity FL 34655   |
|   |  |
| 3. The mailing a  | address (if different):  |
| 4. Date of incor  | rporation/qualification: 03/09/2007 Document number: P07000031563  |
|   | d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)   |
|   | F & L Corp.  |
| •   | One Independent Drive, Suite 1300  |
|   | Jacksonville FL 32202  |
| 6. The name and (if changed):                           | d street address of the new registered agent (if changed) and /or registered office  |
|   | Juan N. Otheguy, M.D.  |
| allia , a   | 2035 Little Road   |
|   | P.O. Box NOT acceptable  Trinity FL 34655  |
| The street address changed will                         | ess of its registered office and the street address of the business office of its registered agent, be identical.  |
| Such change was<br>authorized by th                     | as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.  |
|   | Juan N. Otheguy, M.D.  |
| I hereby accept<br>I further agree to<br>performance of | the appointment as registered agent and agree to act in this capacity.  to comply with the provisions of all statutes relative to the proper and complete proper and I am familiar with and accept the obligation of my position as registered is dotument is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change. |
| /_  | SEPT 12, 2012  |
| \   | nature of Registered Agent Date  |
| , 1   | half of an entity:   |
|   | negly, M.D.  |
| 13  | yped or Printed Name   |

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