

P0700056724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

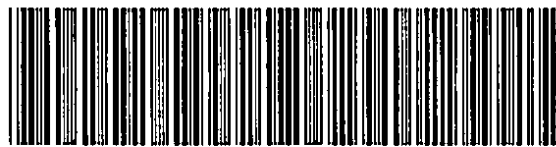
(Business Entity Name)

(Document Number)

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FEB 13

C. GOLDEN

FEB 14 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pedro T. Oliveros, JR., M.D., P.A.
Name of Corporation

DOCUMENT NUMBER: PO7000056724

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:

Lisa M. Gibbens
Name of Contact Person

Pedro T. Oliveros Jr MD PA
Firm/Company

341 N. Maitland Ave, #200
Address

Maitland, FL 32751
City/State and Zip Code

LGibbens@pmccOrlando.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Gibbens at (407) 265 2100
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: Pedro Toliveros Jr MD PA
2. The principal office address: 341 N. Maitland Ave #200
Maitland, FL 32751
3. The mailing address (if different): 352 Twelve Oaks Drive
Winter Springs, FL 32708
4. Date of incorporation/qualification: 6/1/2007 Document number: PO 70000 56724
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)

Ralph F. Porto
8133 Canyon Lake Circle
Orlando, FL 32835

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

Lisa M. Gibbens
341 N. Maitland Ave # 200
P.O. Box Not acceptable
Maitland, FL 32751

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.

Pedro T. Oliveros Jr. MD
Signature of an officer or director

PEDRO T. OLIVEROS, MD, 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.

Lisa M Gibbens
Signature of Registered Agent

2/1/18
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
CR2E045 (03/12)

2018 FEB 13 PM 1:28